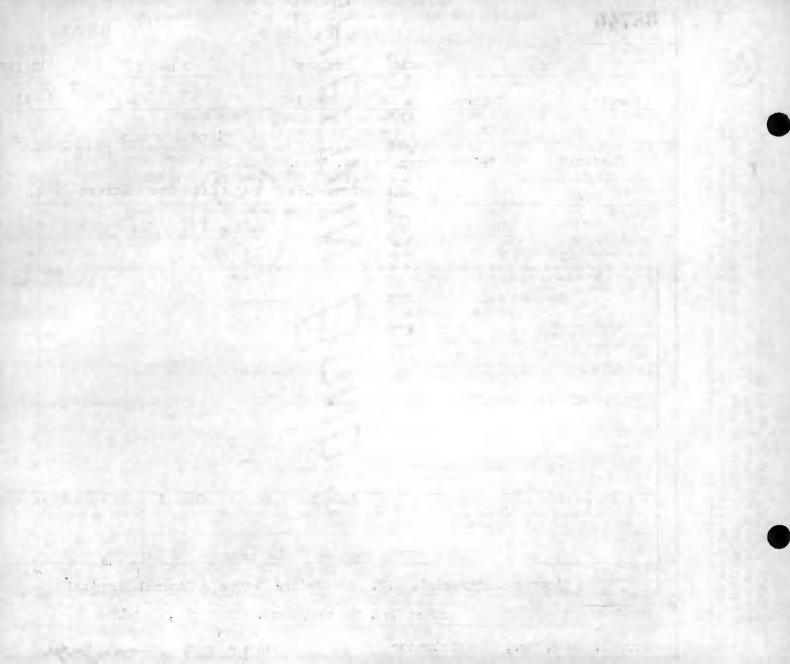
| 1 | 2-1 | 2 | It | MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND 21201 | |
|----|--|---|-----------------------|---|-----------------------------------|
| / | FOR ST | TATE | 1 | 1/18/69 RD DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08732 |
| | HEALTH | | | DECEASED-NAME First Middle Lost [2g. DATE KNOWN [7] Month | |
| | 는 10 ek | 40 | (| Type or Print) Ernest Eugene Abrams Of ESTI- DEATH MATED X 6-24 | , |
| J. | - F - F - F - F - F - F - F - F - F - F | e | 3. 5 | EX 4. RACE S. DATE OF BIRTH 6. AGE (In years 15 UNGER 1 YEAR 15 UNGER 24 HRS 2c. DATE PRONOUNCED DEAD | 24 HOUR |
| 1 | - F | mtra | 1 | Tale Negro 4 March 1907 86 62 VRS. 6 | 69° 19 4: 50pm M |
| | | Depo | | BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (X) 9. COUNTY OF DEATH | |
| | P es | ote [| | Maryland 0.5.A. who will blook Prince George's | Md |
| | Give Roges ng with for | 5 74 | | give street address) during most of working life even if retired \ | 12b. KIND OF BUSINESS OR INDUSTRY |
| | S S S | 1 = // | 13n | Cheverly Prince George Hospital Wood Work USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY (LIMILS? 13e. STREET AND NUMBER | None |
| | 0 00 0 | lond 2 with ofter death. | 78 | lary and Prince George's Upper Marlboro VES NO Box 483, Peerl | ess Ave. |
| | ours em l | nd2 | - | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle | Last |
| | h He s | s of s | | Daniel Abrams Agnes Cooley | |
| | MINER: This certificate should be executed within 24 hours off the certificate, writing the word "pending" in pencil in Item 18. 4 should be forwarded to the Chief Medical Examiner's Office of | pages 1 and 2 with the State Department of 2 hours ofter death. | 16a. | WAS DECEASED EVER IN U.S. ARMED FORCES? (If you give wour or doing of service) 16b. SOCIAL SECURITY NO. 212–14–5859 Frank Smith Box 483 Upper | Marlboro, |
| | d w in p | File n 72 | | | APPROXIMATE INFERM |
| | oute 19. | vith: | | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (t).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma | over 2 mo. |
| | exe andir Mec | n v | | 150 X DUE TO, OR AS A CONSEQUENCE OF Carcinoma of eosophagus | over 2 mo. |
| | be | eve | | Conditions, if any, which gove rise to immediate cause (a), (b) | |
| | vord verd | al-tr any | | stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| - | she v | pn. I | | <u>last.</u> (c) | 1 |
| 0 | This certificate should cate, writing the word be forwarded to the C | your ries. age 3 should be used as a burial-transit permit. File cremotion, or remaval, and in any event within 72 | 2 | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| 0 | writ | Davo | ATIO | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION | 20. AUTOPSY? |
| 1 | his of fo | ren | RTE | WAS PERFORMED? | YES NO 🖹 |
| | the certificate, 4 should be for | should ion, or | MEDICAL CERTIFICATION | 216. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 216. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19 | em 18.) |
| | Sho sho | 3 sh notic | WED | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town | Caunty State |
| | Sical Examiner: se execute the cert ctor. Page 4 should | R: Page | | WHILE NOT WHILE at work at work | |
| | Pog for | CTOR:P | | 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection 🗷, Inquiry | , and in my apinion |
| | e ey | par Line | | death resulted from: National causes 🔀 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined monner | |
| | please I directo | DIRECT Or to bu | | ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER | |
| | In, peral | AAL prig | | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 2220, DATE | 51GNED 6-24-69 |
| | necessary, please enthe funeral director. | o FUNERAL DIRE Health prior to | | EXAMINER'S John Kehoe MD Riverdale, Md. ADDRESS (Street, city, town, or county) | 0-24-07 |
| | necessar the fune | o FUNERAL DIRECTOR: Page Health prior to buriol, crem | 230 | BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. ACCAPTED (City or Town) | (Caunty) (State) |
| | | _ | | Rurial 6-28-69 Moses Cemetery Arundel, Co. | Maryland |
| | | | 24. D | FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S | |
| | | REV, 1/68 | R | N.E. Wash. DAUL 2 1969 foliand | es Judge |

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| FOR ST | TATE | | 18739 DIVI | | | | CERTIFICATE | | | | 087 | 33 | |
| HEALTH | | | CEASED-NAME | First | | Widdle | lost | OI DEATH | 2a. DATE KNOW | N Month | Day 1 | ear | 2b. HOUI |
| | to | (| γpe ar Print) Woo | drow | Te | nnings | Adams | | OF FSTI- | ± 6-14 | | 1 | 55am |
| oy is 3 ta Poge | | 3. 5 | | S. DATE O | | 6. AGE (In year | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 2c. DATE PRONOL | INCED DEAD | -07 | 11/1 | 2d. HOU |
| ny delay 1, 2, and 3 n PM3. Pog | Department | M | ale White | 3-28- | 1913 | last birthday) | MONTHS DAYS | HOURS MIN. | Month | 1 Poy | 69°1 | 8.7 | 6am |
| 2,9 | 0 | | BIRTHPLACE (State or foreign | | F WHAT COUNTRY | /- | MARRIED NEVER MAR | RIED 9. CO | UNTY OF DEATH | al.d-d- | 0) ! | / U a A | Oduli |
| - Charles | e De | caun | lry) Va. | U. S. | | | - | | cince Geo | ree ts | | | |
| deoth. e Page with f | Stat | 10, 0 | ITY OR TOWN OF DEATH | | I. NAME OF HOSE | PITAL OR INSTITUTI | ON (If not in haspital | 12a. USUAL O | CCUPATION (Kind o | f wark done | 12b. KIND | OF BUSIN | YESS OR |
| Give Pages | e 14 | | Cheverly | 3 | Prince | deorge H | ospital | durie Plest | triclan | en if retired.) | INDUSTRY Bui | din | g |
| after 8. Give | deoth. | 13a. | USUAL RESIDENCE (Where o | eceosed lived, if i | nstitutian: Reside | nce befare 170 (| | . INSIDE CITY LIMITS? | 13e. STREET AND | NUMBER | | | |
| | 2 w | 0 | mission) STATE and | Princ | e George | e's Ri | verdale | YES NO | 6108 Lc | ngfell | ow St: | reet | |
| 24 hours in Item 18 i's Office | File-poges 1 and 2 with the State 72 hours ofter death. | 14. F | ATHER'S NAME First | N | iddle | Last | 15. MOTHER'S MAID | DEN NAME First | | Middle | | Last | |
| 24 l | 15 0 | | Ellis | | 1 | Adams | | Bessi | e | | Absh | ire | |
| | poges | | WAS DECEASED EVER IN U.S. AF | MED FORCES? as give war or dates of ser | | SECURITY NO. | 17. INFORMANT | | AE | ODRESS | | | |
| within | 72 | | es, no, or unknown) (Hy | WW 11 | 231 | 05 5089 | Anita M. | Adams | Same | 25 #13 | | | |
| | 7 | | 1B. CAUSE OF DEATH (Ent PART I, DEATH WAS C | er anly ane cause | | | | | | | BETWE | OXIMATE II N ONSET A | IND DEATH |
| executed inding in Medical E | permit. | | TAKI I. DEATH WAS C | MEDIATE CAUSE (o) | | failure | | | | | | utes | |
| pending pending | | | Conditions, if ony, which g | | , OR AS A CONSE | QUENCE OF AT | terioscler | otic hea | irt disea | .50 | uni | MOLD | n |
| B - 'E | ran: y ev | | rise to immediate couse | p) (D) | 20.47.1.60075 | ALVAGE OF | | | | | | | |
| word the Ch | buriol-transit I in ony ever | | stating the underlying ca | use DUE TO |), OR AS A CONSE | QUENCE OF | | | | | | | |
| \$ 0 0 | buri d in | | _ | (1) | Indiana TO Deat | U BUE NOT OFFITE | D TO WILL WOMEN DE | 25452 AB CO. DIE | | | | | |
| certificate writing the | ds o b | | PART 2. OTHER SIGNIFICANT | COMPITIONS CONTR | IBUTING TO DEAT | H BUI NOI KELAIE | D TO THE TERMINAL DE | SEASE OR CONDITIO | ON GIVEN IN PART | 1(0) | | | |
| certificate, writing t | | TION | 19a. DATE OF OPERATION | | 19b. CONDIT | TION FOR WHICH C | PERATION | | | | 20. A | UTOPSY? | } |
| | be used remova | CERTIFICATION | | | WAS P | ERFORMED? | | | | | Y | ES (3) | NO 🗀 |
| This ificate, d be fo | | | 21a. EXTERNAL CAUSE WAS | | E OF INJURY Mont | h, Day, Yeor | 21c. HOW INJURY OCC | URRED (Enter natu | are of injury in Port | 1 ar Part 2, II | | Lab | |
| E certile should | shaufd 3 shaufd nation, or |)[CAL | PRIMARY OR CONTRIBUT | ING HO | JR A.M. P.M. | 19 | | | | | | | |
| N P P | oge 3 shau cremotion, | MEI | 21d. INJURY OCCURRED | 21e. PLACE OF INJU | RY (At hame, far | m, street, | 21f. LOCATION Street a | r R.F.D. Na. | City or Town | 1 | Caunty | | State |
| EXAMINER: tute the territoge 4 should | Page crem | | AT WORK AT WORK | rocrary, bride b | Jilaing, etc.j | | | | | | | | |
| | iol, | | 22a. I certify the | at I took charge | af the remain: | s described abo | ve, held an Autap | osy 🔯 In | spection 34, | Inquiry | , and | in my | apinia |
| ICAL e exector. P | RECTOR: o buriol, | | death resulted fro | m: Natural | couses 🔀 | Acciden [] | Suicide | Hamicide | Undetermin | ed manner | | | |
| please | reformed DIRECT TO TO DU | | | 1 / | W | // - | CHIEF | F MEDICAL EXAMIN | ER | | | | |
| | RAL D | | ACTUAL SIGNATURE | MM | Me | 117 | M.D. ASSIS | STANT MEDICAL EX | AMINER | 22b. DATE | | | |
| PUT Son | and the contract of | | EXAMINER'S | / | , , | | | ITY MEDICAL EXAM | | 6 | -15-6 | 9 | |
| O DEPUTY necessory, in the funeral | | - | NAME (Type) John | Kehoe MI | and the second s | rdale, M | ~. | RESS(Street, city, to | | | | ~ · · · · · · · · · · · · · · · · · · · | |
| 0 === | 2 E | 230. | BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | | | RY OR CREMATORY | | LOCATION (City o | r Tawn) | (County) | 012) | |
| | | | Surial FUNERAL DIRECTOR | 6/18/69 | E | vergree ADDRESS | n Cemete | ry R | Coanoke | Registrar's | | V | <u>a</u> |
| VR / | A15ME (5) | | | | | | | | | Client | | late. | |
| 10M | REV, 1/68 | F | rancis Gaso | h's Sons | Hyatts | ville, A | laryland | MEN 19 | 1969 | Curry ! | O You | - | |

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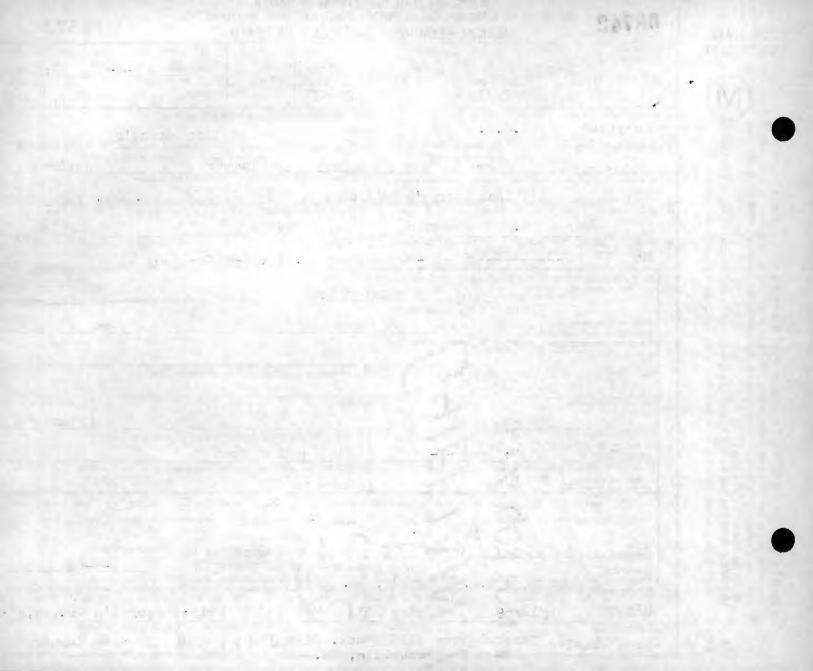
| 1 | 1 ng | 3740 138 tal | DIVISION O | F VITAL RECORDS | . 301 W. F | RESTON STREET, BA | ALTIMORE, MAR | RYLAND 21201 | 0873 | 4 |
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| Second Se | | ED-NAME Fi | aby | Middle Fema: | | Anthony | 2a. DATE OF | June 1, Doy | 1969 | 26. HOUR |
| nours after on by the units after haurs after | 3. SEX | Female | 4. RACE | lored | | S. DATE OF BIRTH 06-01-69 | | 6. AGE (In years last birthday) YRS. | MONTHS DAYS | HOURS AMIN. |
| - = = > | 7o. BIRTH country) | PLACE (State or foreign MD | 7b. CITIZEN OF V | | 8. MARRIED WIDOWED | NEVER MARRIED DIVORCED | 9. COUNTY OF | DEATH e George's | | Md. |
| 0 FT C | 10. CITY O | Cheverly | | NAME OF HOSPITAL OR II | | | ISUAL OCCUPATION | (Kind of work done life, even if retired.) | 12b. KIND OF E | |
| competely filled gove carban page y event, within 7 | 13a. USUA admission | RESIDENCE (Where dec) STATE Md. | eased lives, if instit | nce Geo W | 13c CITY O | R TOWN 13d, INSIDE C | NO 13e. STI | REET AND NUMBER 6 (| 005 Fas | tern Ave. |
| be execut n and camp se remave d in any ev | 14, FATHE | R'S NAME First Phifer | Middle Edwa | rd Anth | | S. MOTHER'S MAIDEN NAM | ME First ucille | Middle Cecelia | Justby | lost |
| rificate hysiciar n pleas val, and | | DECEASED EVER IN U.S. A o, or unknown) (If yes gr | ARMED FORCES? we war or dates of service) | 16b. SOCIAL SECURITY | NO. 17. | INFORMANT | | Address | | |
| requires that the death certificate be executed within a physician. In signed by the attending physician and completely fill to burial-transit permit. Then please remave carbon pia burial, crematian, ar remaval, and in any event, within | Confirise stoti last. | CAUSE OF DEATH (Enter PART I, DEATH WAS CAL IMMI ditions, if any, which gov to immediate cause (c ing the underlying cour T 2. OTHER SIGNIFICANT | DIE TO, OR Co DUE TO, OR | AS A CONSEQUENCE O AD X CU | tio via | baky. placanth. o THE TERMINAL DISEASE | OR CONDITION GIVEN | I IN PART 1(o) | APPROXIM BETWEEN ON | vate interval |
| The law re attending has been asse as the lth priar tab | ZIEG Z | | | HICH OPERATION WAS F | | and the same of th | CAUSES | YES, WERE FINDINGS C OF DEATH? | | RTIFYING |
| PHYSICIAN: The haspital ar this certificate letached far us bept. af Health | EDICAL OF B | ACCIDENT WAS UNDERLE R CONTRIBUTING CAUSE OF I ither, notify medical exa | DEATH HOUR A.M Iminer) P.M | l. Month Day Yeo l. | 19 | IOW INJURY OCCURRED (I | | | | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filled with the State Dept. af Health priar ta | 22b | le Nat while at work I Certify that XIX saw the deceased causes stated about SIGNATURE PHYSICIAN'S | packs | ttended the decear | sed fram_1969, are bady after | REE PHYS. 22e. ADDRESS | 99, taJ apinian death o | | DATE SIGNED | (N) (we) last and fram the |
| TO HOS Page 4 Fo FUN directo | REM | 1.1. | 6/7/69 | V | Geo. | eneral Hosp | . Cheve: | N (City or Town) rly, Maryl | | (Stote) |
| VR A15 (4) | | ral director rry W. Penn | , Jr. , A | ADDRES | 15 | | D BY REGISTRAR | 25b. REGISTRAR'S | SIGNATURE | 42. * |



| | n 1 | 1 | 00744 | DIVISION OF V | | | | ENT OF HEA | LTH RE, MARYLAND 21201 | | |
|-----|--|---------------|--|---------------------------|--|-------------------|----------------|--------------------------------|---|-------------------------|--|
| | 7 | | 08741 | | | | ATE OF | | ME, MARCIDAND 21201 | 08735 | |
| | or death. | | ECEASED-NAME First Type or print) Tol | ny | Middle | As | lost tore | | June Month 10 De | Y 69 Year | 2b. HOUR |
| | haurs after death n by the funeral or Pages I and hours after death | 3. 5 | Male | 4. RACE | to | | S. DATE OF BIR | 16, 189 | 6. AGE (In years last birthday) 77 YRS | | F UNDER 24 HRS HOURS MIN |
| | ours after four saffer affer a | 70. | BIRTHPLACE (State or foreign | 7b. CITIZEN OF WHAT | | 8. MARRIED F | NEVER MARR | | DUNTY OF DEATH | | |
| C | 7 P P P P P P P P P P P P P P P P P P P | | Italy | USA | | WIDOWED [| DIVOR | CED 🔲 | Prince George | es | Md. |
| | .5 2 2 | | Tuxedo | give stre | OF HOSPITAL OR INS et oddress) | venue | | during most at | CUPATION (Kind of work done I working life, even if retired.) | INDIARICLE Co. | SINESS OF |
| | se executed with | 13o. adm | USUAL RESIDENCE (Where deceos ission) STATE Maryland | ed lived, if institution: | Residence before | 13c, City OR Tuxe | | 3d. INSIDE CITY LIMITS? YES NO | 13e STREET AND NUMBER 2303 57th | venue | |
| | and | 14. | FATHER'S NAME First | Middle | Last | 15. | | DEN NAME First | Middle | | Last |
| | and i | 16a. | Angelow WAS DECEASED EVER IN U.S. ARN es, no, or unknown) { fryes give w | MED FORCES? 16 | Astore b. SOCIAL SECURITY M | IO. 17, II | FORMANT | ary | Address 「 | Tuxedo, | Md. |
| | phys hen hen haval | | WW I ye | S | 578-26-25 | | Alice | Astore | 2303 57th Ave | enue | |
| V-1 | physician. physician. physician. signed by the attending physician and control of the attending physician and control of the please Temo burial, crematian, ar remayal, and in any | | 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA | TE CAUSE (0) | amya | trap | i to | tust | Selevenis | APPROXIMAT BETWEEN ONSE | and DEATH |
| 8 | nat the ay the a | | Canditians, if any, which gave isse to immediate couse (a), | (b) | CONSEQUENCE OF | | | | | | |
| 1 | equires that the physician. Signed by the burial-transit burial, cremati | | stating the underlying cause last. | (c) | | | | | | | |
| W | require sign sign sign sign sign sign sign sign | | PART 2. OTHER SIGNIFICANT CON | DITIONS CONTRIBUTION | G TO DEATH BUT NO | T RELATED TO | THE TERMINAL | DISEASE OR CONDI | TION GIVEN IN PART 1(a) | | |
| | G PHYSICIAN: The law requires the hospital ar attending physicing this certificate has been signed defacted far use as the burial-te Dept. af Health prior to burial, | CERTIFICATION | 19a. DATE OF OPERATION 19b. | CONDITION FOR WHICH | OPERATION WAS PER | FORMED | 20a. AUTOP | SY? | 20b. IF YES, WERE FINDINGS CAUSES OF DEATH? | CONSIDERED IN CERT | IFYING |
| | YSICIAN: aspital ar certificate thed far u | MEDICAL CER | 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF OFATI (If either, notify medical examin | HOUR A.M. | JURY Manth Day Year 19 | 21c. HO | W INJURY OCCU | IRRED (Enter natu | re of injury in Part 1 or Part 2, | Item 18.) | |
| | bing PHYS by the has lifter this cer be detache State Dept. | WE | | PLACE OF INITIRY LAT | HOME, FARM, STREET, FAC FICE BUILDING, ETC. | ORY.) 21f. LO | CATION Street | or R.F.D. No. | City or Town | County | State |
| _ | Sta e pos | | 220. I certify that (I) (thi saw the deceased al causes stated abave | IVE OR HELD | 28 / 0. 1 | 169 and | that in tmy |) (aur) apinian | death occurred on the d | that (I ate and haur an |) (we) last d from the |
| | O HOSPITAL OR ATTENI Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the | | 22b. SIGNATURE | PAn | rel n | DEGRE | 1 1112 | DIRECTO | OR STAFF | DATE SIGNED | 969 |
| | TO HOSPITAL Page 4 may TO FUNERAL directar, page | | 22d. PHYSICIAN'S NAME (Type) Ermo | P. Ingel | | | 22e. Apgs | 05 Queen | s Chapel R. | Avondale | , Md. |
| | Page O FUN direct shaul | | BURIAL, CREMATION, 23b. E REMOVAL (Specify) | ATE /13/69 | 23c. NAME OF C | | REMATORY | | LOCATION (City or Town) | | (State) |
| | VR AIR AU | 24. | FUNERAL DIRECTOR | | ADDRESS | incoln | | 250. REC'D BY REG | Colmar Manor Pistrar 286. REGISTRAR 7 1969 | SIGNATURE | Md. |
| | 45M - 1X8 | F | rancis Gasch's | Sone Hy | ra tteville | Md. | | DATAJUN I | (Jana & | 3 | |

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MIAKTLAND STATE DEPARTMENT OF REALTR



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| € = <u>2</u> € | | ECEASED-NAME First | | Middle | | Lost | 2a. | DATE OF DEATH | | | 26 HOUR |
| 24 hours after death, ed in by set funeral ppers Pages 17 and 2 72 hours effer death. | | Type or print) Marga: | | | В | aranek | | June 19. | Doy | 63 | , M |
| 声/ 空声 | 3 5 | | 4. RACE | | | S DATE OF BIRTH | | 6. AGE (in year | irs | | F JNDER 24 HRS. |
| ours aft | _ | Female | | White | | July 8, | 1887 | 6. AGE (in year last birthday 81 | YR5. | ONTHS DAYS | HOURS MIN |
| nours aft | 7a cou | BIRTHPLACE (State or foreign | 76 CITIZEN OF | WHAT COUNTRY? U.S. A | 8. MARRIED | NEVER MARRIED | 9 CO | UNTY OF DEATH | | | |
| 24 in pper n 72 | | Germany | | | WIDOWED | | | Prince G | eorg | e | Md |
| 看 引 | 10 | ITY OR TOWN OF DEATH | 11 | NAME OF HOSPITAL OR IN ve street address)_ | IST TJTION (IF | not in haspital | 12a USUAL OCC | UPATION (Kind of work warking ife, even firet | done | 12b, KIND OF BU | JSINESS OR |
| The state of the s | 10 | Hyattsville | | ve street address) Saci | ed Hea | art Home | | Housewife | 2 | ALDOJIKI | |
| executed within 24 ho d completely filled in firmove carbon popers only event, within 72 no | odm | USUAL RESIDENCE (Where decease ission) STATE VIII IN A | 13b (OUNT) | George /s/ | Hyat) | Syl 176 | NSIDE CITY LIM TSP | 13e STREET AND NUME /5805/Quée | . 4 | hapel/R | ourt pad |
| 2 E E | 14. | FATHER'S NAME FIRST | Middle | Last | 1 | S MOTHER'S MAIDEN | NAME First | Mic | dote | | Lost |
| n a pe | | Henry | | Schad | | | Lou | ise | | Gr | ab |
| icate b /s.cian please il, and | 160 | WAS DECEASED EVER IN U.S. ARMI 'es, na, ar unknawn) (If yes give wo | FORCES? | 166 SOCIAL SECURITY | | INFORMANT | | Add | | | |
| £ 6,8% | L | no | | 228-62-69 | | Sacred Hea | art Hom | e, Hyattsvi | lle, | Maryla | nd |
| he deoth ce attending i permit. The | | 18 CAUSE OF DEATH (Enter only PART 1 DEATH WAS CAUSED | ane cause per | line far (a), (b), and (c) |) | .0 | / . | | | AFFROXIMAL BETWEEN ONSE | E NTERVAL IT AND DEATH |
| lend mit. | | 1MMEDIAT | E CAUSE (a) | arlund | rate | heard & | heren | e a Comaga | tone | 30 | days |
| he att | 1 | Conditions, if any, which gave | DUE TO, O | R AS A CONSEQUENCE OF | | ure ! | , , | - | | | P |
| that th ian. by the tronsit p | ı | rise ta immediote cause (a), (| (b) | arteres | | he Keers | dans | are | | 34 | alo |
| Sequires that physician. signed by buriof tron. buriof, cren | ı | stating the underlying cause lost. | | R AS A CONSEQUENCE OF | - | 1 | | | | 0 | |
| physici physici signed buriol buriol, | | PART 2 OTHER SIGNIFICANT COND | (t) | RIITING TO DEATH BUT N | OT DELATED T | O THE TERMINAL DIS | EASE OD CONDIT | (ONE CIVEN IN DADT 1/a) | | <u> </u> | |
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| The ar offer the has | 188 | | | | | YES 🗀 | NO [] | CAUSES OF DEATH? | | | |
| N = = = = 1 | | 21a ACCIDENT WAS UNDERLYING | | OF INJURY | 21c. H | | | re of injury in Part 1 ar F | Part 2, Ne | m 18.) | |
| YIICKIN: Ospital ar certificate for unhed for | DICAL | OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine | | | 9 | | | | | | |
| by the hospit frer this certif be detached State Dept. of | MEDI | 21d INJURY OCCURRED 21e F While Nat while | LACE OF INJUR | Y (AT HOME, FARM, STREET FA OFF CE BUILDING ETC | CTORY.) 218. L | OCATION Street or | R F D. Na. | City or Town | | County | State |
| 를 두 두 등 한 연합 | | While Nat while at wark at wark | 1 | | | 3 // | 10/6 | , | | | |
| | ı | 22a. I certify that (I) (this saw the deceased ali | raspital) a | iffended the deceas | ed trom_ | id that is (my) (| _, 19 <i>(</i> | death accurred an t | _, 19 <u>_</u> :bo data | 7, that (i | i) (we) last |
| N. Spuld | | causes stated above, | (I) (we) (di | d) (did nat) view the | bady after | death. | aor) apinisin | deam acconed an i | ne date | unu naor ar | o num me |
| OR ATTEN OR ATTEN be retained JIRECTOR: , | | 22b SIGNATURE | 70 | 06. | 7 | ATTENDING | MED. | CTACC | | TE SIGNED | |
| OR be r | L | Tumas, | TUR | Elina M | U DEG | REE PHYS | DIRECTO | R D STAFF D | 6- | 19-69 | 7 |
| Page 4 may be retained to FUNERAL DIRECTOR: A director, page 3 should should be filed with the | | 22d. PHYSICIAN'S NAME (Type) THO | MAS | F. COL | 1125 | 220. ADDRESS | 2600 4 | Inim C | 1. 10 | 1 Rd | / |
| UNE 4 LINE COLOR | 23a. | BURIAL, CREMATION, 23b. Dr | ATÉ | 23c. NAME OF | CEMETERY OF | | 23/ | LOCATION (City or Town | 1 | (Caunty) | (State) |
| Page / | | DEMOVAL (Speciful) | e 23, | | | Cemetery | , | olmar Manor | | o Geo M | , |
| VR AD (4) | 24. | FUNERAL DIRECTOR | | ADDRESS | | 2So | REC D BY REG | ISTRAR 25b. REGIS | TRAR 5 St | GNATURE | |
| 45M 7/66 | | r. Gas | ch's S | ons Hyatts | ville | Ma. | HUN 2 3 | 1959 254 | cords | Indge | 100 |



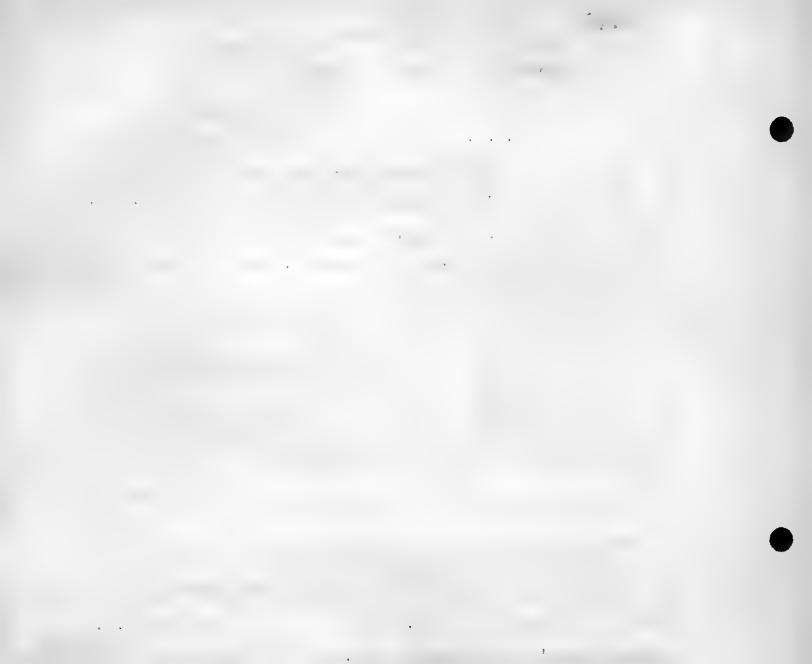
MARYLAND STATE DEPAREMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08744 08738 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Last 20 DATE OF DEATH 2b HOUR death. and (Type or print) Month Barbagallo Salvator e June A RACE S DATE OF BIRTH 3 SEX 6 AGE (In years IF HINDER I YEAR last Erthday) 11-20-76 White 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country Italy popers. U.S. WIDOWED X Prince George's within 72 DIVORCED | tely filled that 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of wark dane 12b KIND OF BLSINESS OR requires that the death certificate be executed within give street address)
Prince George's Gen. Host during mast at wasking life, even if retired.) Building Cheverly 13a USUAL RESIDENCE (Where deceased lived, if institut an Residence before 113c City OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER YES X admission) STATE burial, crematian, or remaval, and in any evi Prince George's Hyattsville 5018 36th Place 14. FATHER'S NAME M ddle Last S MOTHER'S MAIDEN NAME First Middle Last unknown Barbagallo Angelina unknown 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) 11 yes give your or doles of service) 4A Thomas Barbagallo . 13 a, b, c, d, e abeve 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH SHOCK CARDIOGENIC IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 3 MOS EFFUSION Conditions, if any, which gave) signed by the burial-transit p PLEURAL rise to immediate cause (a), DUE TO OR AS A CONSEQUENCE OF 6 MOS **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. stating the underlying couse RCINOMA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) GREAT TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19g, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AJTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INLURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town State While Nat while at wark causes stated above (1) (we) (did) (d d nat) view the body after death. 22c. DATE SIGNED ATTENDING PHYS clos miDDEGREE Entomen DIRECTOR PHYS 22d PHYSICIAN S NAME (Type) 22e ADDRESS Benjamin S. Miller, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE 23a BUR AL CREMATION (County) (State) BM9YALLSETTY) 23 June *69 Washington, D.C. Mt. Olivet Cemetery 7400essGeorgia Ave 250 RECD BY REGISTRAR NW., DC 20012 DAIL N 2 3 196 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Rinaldi Funeral Home, Inc NW ., DC 20012 Williamle, Judge



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| | death. neral and 2 death. | | | ECEASED-NAME Type or print) | Marie | on | M | irddle T. | | lost rker | | DATE OF DEATH | onth Doy | 29 ^{Yeor} 69 | 2b HOUR p |
| | fours offer deat | III O | 3. SE | Male | | 4. RACE | Whi | - | | DATE OF BIRTI | 17 | | (In years (buthday) | 29 69 IF UNDER 1 YEAR MONTHS DAYS | F UNDER 24 HRS. HOURS MIN. |
| • | 2 Per 2 | Kehom | COUR | BIRTHPLACE (State on try) Maryl | and | 76 CITIZEN OF U | WHAT COUNTR | | MARRIED X | NEVER MARRIE DIVORCE | · · L | OUNTY OF DEATH | | | Md |
| 7 | With Sales | Jahn | | Tr or town of di | rly | gir | NAME OF HOS ve street addre | Geo. | Gen. | Hosp. | during most of | CUPATION (Kind of working life, ev Chepei | of work done en if retired.) | 126 KIND OF INDUSTRY | |
| | and camper | 1-Dr | odmi | USJAL RESIDENCE (N Ission) STATE | Md. | 13b COUNTY | Pr. | Geo. | 3c CITY OR TO | t. Y | INSIDE CITY LIMITST ES NO 😿 | 13e STREET AN 520' | | Ave. | |
| | ate be exection and college remain | UVE | | John | First | Middle | В | los [†] Barker | | AOTHER'S MAIDI Ethe | | | Middle | Wis | lost e |
| | rtificate b shysician on please wal, and i | appreved-Dr | | was deceased ever es, no, or whitnown) | | D FORCES? [or dotas of service] | | L SECURITY NO | | ORMANT Berth | a Barke | er Wii | Address fe Sa | me as | # L3 |
| 4100 | requires that the death certificate be exect g physician. I signed by the attending physician and can bur of transit permit. Then please remay burial, crematian, ar removal, and in any e | Notified and | | 1B. CAUSE OF DEA PART 1. DEATH PART 2. DEATH Conditions, if ony, rise 10 immediate stating the under lost PART 2. OTHER SIG | which gove couse (a), ying couse | BY: E CALSE (o) DUE TO, O (b) DUE TO, O | R AS A CONSEC | QUENCE OF | PLOY | Carel | (Ou | Tan GIVEN IN PA | Reox | APPROXIN | ATE NTERVAL SET AND DEATH |
| | V: The law at attending the has been a street as the salth prarte | examimer | ₹. | 190. DATE OF OPERA 210. ACCIDENT WA ☐ OR CONTRIBUTING | TION 19b CO S UNDERLYING Trause of Death | ONDITION FOR A | WHICH OPERAT OF INJURY M Month [| ION WAS PERFO | ORMED | 20o. AUTOPSY | /? NO 🔲 | | ERE FINDINGS CO ATH? | ONSIDERED IN CE | RTIFYING |
| 1 | TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for ushould be filed with the State Dept of Heal | AP Medical | 230 | iff either, notify m 21d INJURY OCCUR While of twork 22d Certify to saw the a causes sta 22d PHYSICIAN S NAME (Type) BUR AL CREMAT ON REMOVAL (Specify) BUR INTERAL DIRECTOR | RED 21e. Fe Control of the control o | haspital) of ve on the control of th | Y (AT HOME, FAI OFFICE BUILD ttended the 20 d) (did nat): | e deceased 19. view the ba | from | ATTENDING PHYS 22e ADDRES CEMATORY | (aur) apinian MED DIRECTE S Cottage | City, 1 LOCAT ON (City olman Ma | ed on the da | (County) | (I) (we) last and from the (Stote) |
| | VR A15 (- 45M - 1/ | 4)) | 44 | | sch's | Sons | Hyatta | sville | , Md. | | O RESTRIPT REG | 1518 AR 1969 ⁵⁵ | Tolia | S GNATURE | ye. |



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| | ₹ = 5 £.2 £.2 | | (EASED NAME (ype or pont) | Frst | | Middle | | Lost | 20. | DATE OF DEATH | 41 5 | | 2b HOUR |
| | death. | | ype or pinn) | Ang | gel | 1€ # | E | arranco | | Ju | He 2° | 1989 | B:15Pm |
| | A FELLE | 3 5 | | | 4 RACE | | | 5 DATE OF BIRT | ГН | 6 AGE | (In years | F JNDER I YEAR | IF UNDER 24 HRS |
| | 2 4 4 5 5 | | Male | | White | | | 06-01- | 69 | 1057 D | (rthdoy) ———————————————————————————————————— | MONTHS DAYS | HDJRS MIN |
| | B 8 | 70 | RTHPLACE (Stote or foreign | n 7 | b. CITIZEN OF WHAT | COUNTRY? | 8. MARRIED | NEVER MARRI | 1ED 3 9. CO | UNTY OF DEATH | | | |
| | d in pers | 100 | MD | | U.S. A. | | WIDOWED | DIVORC | ED P | rince Ge | orge's | | Md |
| | physician. signed by the attending physician and campletely filled in posterior. burial transit permit. Then please remove carbon papers. Pease burial, tremation, or remaval, and in any event, within 72 haurs after the property of the please burial. | 10 (| Cheverly | | 11 NAMI give stre Proin | OF HOSP TALOR INST et oddress) ace George | TITUTION (If n | ot in hospital | 12o USUAL OCC | UPATION (Kind of working life, eve | work done | 12b. KIND OF I | BUSINESS OR |
| | npete carb vent, | 13o. odm | USUAL RESIDENCE (Where ssion) STATE | deceosed | lived, if institution | : Residence before | 13c CITY OR | TOWN 13 | IS. INSIDE CITY LIM TS? YES NO | 13e STREET AND | NUMBER | C. | |
| | E SO | 1/4 | ATHER S NAME First | | Prince Middle | George ! | | phi | | 2206 S | | St. | |
| | and can | 1 | | | | | | MOTHER'S MAIL | | | Middle | | Lost |
| | ign ase and i | 160 | WAS DECEASED EVER IN U | | O FORCESS 114 | Barrani | 0 17 1 | NFORMANT | Crinidad | | Address | Peque | ero |
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| | certi ph hen nav | | | بامد همای | ana stura ana lina l | none | | Tanuo C | , Darra | псо Ба | me as | APPROX N | HATE INTERVAL |
| | ding t. T | | 18. CAUSE OF DEATH (En PART I DEATH WAS | CAUSED I | BY: | or (0), (0), one (c).) | . , | | | | | BETWEEH DI | ISET AND DEATH |
| | dec trem irmi | | 776 9 1 | MEDIATE | CAUSE (o) | itelector | 717 | | | | | | |
| | the d | | Conditions, flony, which | gove) | - 2 | A CONSEQUENCE OF | N. AC . | [| L | 7V 1 4 | | | |
| | hat J. The single and | | rise to immediate couse | (0) | (-) | 12111 (16 A COMSEQUENCE OF | magi | CHAR | 10 CW | orun | | | |
| de | The law requires that the death certificate be attending physician has been signed by the attending physician gare as the burial-transit permit. Then please the priar to burial, cremation, or remaval, and in | | stoting the underlying o | ouse | (c) | PREM | ATU | PITU | | | | | |
| 0/ | ania ngne nrio urio | ' | PART 2 OTHER SIGNIFICAL | NT COND | 1 / 4 | | | THE TERMINAL I | D SEASE OR CONDITI | ON GOVEN IN PAR | E 1(o) | | |
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| , , | IAN: The law retal are attending I facte has been sifter use as the titler use as the titler the black the attention of the a | CATION | 190 DATE OF OPERATION | 19b (C | NDITION FOR WHICH | OPERATION WAS PER | FDRMED | 20o AUTOPS | iY? | 20b IF YES, WEI | RE FINDINGS CO | ONSIDERED IN CE | RTIFYING |
| | has este | CERTIF C | | | | | | YES 🗀 | NO 📑 | CAUSES OF DEAT | НS | | |
| | | | 21g. ACCIDENT WAS UND | | 21b. TIME OF IN | | 2ic. H | OW INJURY OCCU | RRED (Enter notur | e of injury in Port | 1 or Port 2, I | tem 18.) | |
| | Para Para Para Para Para Para Para Para | MEDICAL | DR CONTRIBUTING CAUSE (If either, notify medical | OF DEATH exomine | HOUR A.M (| Month Doy Yeor | | | | | | | |
| | ATENDING PHYSICIAN: stained by the hospital ar CTOR: After this certificate should be detached far u ith the State Dept. af Healt | ME | 21d INJURY OCCURRED While Not while of work | 21e Pi | ACE OF INJURY (AT | HOME FARM, STREET, FACT FICE BUILDING, ETC | ORY) 21F LO | CATION Street | or RFD Na | City or Town | | County | Stote |
| | ING by the ter se d | | 22o. I certify that (| l) (this | hospital) attend | led the decease | d from | June 1 | , 1965, | to Vue | 2 19 | b, thet | (I) (we) lost |
| | ed ted ted the She She She She She She She She She S | | saw the deceas | ed aliv | re an Ician | 1 7 19 | 9 <u>65</u> , an | d that in (my) | (aur) opinian | death occurred | I on the da | te and haur c | ind from the |
| | TI TO THE TENT OF | | 22b SIGNATURE | pove, | (I) (we) (ala) (al | d nat) view the b | ody after o | deoth. | | | T 00 7 | ATE COMP | |
| | OR ATTENDIN be retained by DIRECTOR: After je 3 shauld be ed with the Star | | DAL O | . 0 . | 1/2 | an Day | DEGR | AFTENDING PHYS | MED DIRECTO | STAFF | 726.1 | DATE SIGNED | |
| | y be gge age | | 22d. PHYSICIAN'S | 160 | very | CO 101 + | PL DEGI | 22e ADDRE | | R L PHYS | | | |
| | TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be o should be filed with the State | | NAME (Type) | | | VENEGA | | 320 | 1 Jage | · Faces | Borre | , las | r |
| | HC Gge | 230. | BURIAL, CREMATION, REMOVAL (Specify) | 23b. DA | • | 23c NAME OF C | EMETERY OR | CREMATORY | 23d | LOCATION (City o | r Town) | (County) | (Stote) |
| | 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | Bu | REMOVAL (Specify) | 6/ | 4/69 | Mt. | Olivet | | | Washing | | C. | |
| | VR A15 (4) | 24. | FUNERAL DIRECTOR | | | ADDRESS | | | So. REC'D BY REGI | | REGISTRARS | SIGNATURE | el. |
| | 45M 1/69 | L_E | rancis Gas | ch1s | Sons H | vatteville | e_Md | | DATE | 5 1969 | 14 | Carl Vanna | |



| . / | | 1 | 1 | | ID STATE DEPARTMENT OF I | | | |
|-----|--|---------------|-------------------------------------|--|---|---|---|--|
| Je: | | | 08747 | | 301 W. PRESTON STREET, BALT | 00844 | | |
| P | 1 | _ | 4. | | CERTIFICATE OF DEATH | 08741 | | |
| | offer death. | | ECEASED NAME First | Middle Middle | Lost | 20. DATE OF DEATH | 2b HOUR | |
| | er deoth funeral | L | NOV | niel m. | Barron | 6 Month 20 Day | 69 ^{Yeor} 2:10p m | |
| | ffer es.1 uffer | 3. 5 | EX | 4. RACE | 5 DATE OF BIRTH | 6 AGE (In years | F JNOER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN | |
| | 5 (E) | <u> </u> | Male | White | 7-10-03 | 6 last birthday) 7 yrs. | INDATITS ONLY TOOKS MILE | |
| | hours Soot | Zau | BIRTHPLACE (State or foreign nitry) | 7b. CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED | 9 COUNTY OF DEATH | | |
| | 24 red r | - | Maryland | USA | WIDOWED TO DIVORCED | Prince George | Md. | |
| | law requires that the deoth certificate be executed within 24 hours after deoth ading physician. been signed by the attending physician archeometerly filled in by the filled in signed by the attending physician archeometerly filled in by the filled in signed by the filled in signed by the filled in signed in a signed in a signed signed in a signed in a signed buriol, cremation, or removal, and in any event, within 72 hours after death | 10 | CITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL OR IN give street address) | during m | AL OCCUPATION (Kind of work done ost of working life, even if retired.) | 126. KIND OF BUSINESS OR INDUSTRY | |
| | d with letely corbon nrt, wrt | 130 | Riverdale | Eurene Lel used lived, if institut on Residence before | and Memorial 13c. CITY OR TOWN 13d. INS. OF CITY OF | week Too street the work | | |
| | ven (| odn | ission) STATE | 13b. COUNTY | VEC NO | | D 1 | |
| | ord compression and compressio | 14 | Maryland FATHER S NAME First | Pr. Geo. | Landover X- | - OOTO naudove | | |
| | a a a a a | 1 | | | 15 MOTHER'S MAIDEN NAME F | | Lost | |
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| | fica ysic ol, o | | (es, no, or unknown) (II yes give | wer or dates of service) 577 09 72 | 10 | | 14 1 10 1 - | |
| | e deoth certificate L attending physician permit. Then pleose on, or removal, ond | F | no | n y one cause per line far (a), (b) and (c) | | (friend) and Med | APPROXIMATE INTERVAL | |
| | the parties of the pa | | PART + DEATH WAS CAUSE IMMEDI | ED BY | ateral Bronch | - Angumania | BETWEEN ONSET AND GEATH | |
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| | nt the a sit pe | | Canditions, if any, which gave | DUE TO, OR AS A CONSEQUENCE OF | sema, Vulmon | Varc | | |
| | that an. by th Ironsi cremo | | rise to immediate cause (o), | (6) | 7 4 3 3 7 3 | | | |
| 7 | equires the physician. signed by burial-troi buriol, cre | | stating the underlying cause last. | (r) | | | | |
| 1) | equires physicion signed burial-ti burial, c | | PART 2 OTHER SIGNIFICANT CO | INDITIONS CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINAL DISEASE OR C | ONDITION GIVEN IN PART 1(n) | | |
| do | ng p | = | Fally | to filtuation of | Liver and C. | | aher | |
| N | law bee is the | AT,O | 190 DATE OF OPERATION 196 | CONDITION FOR WHICH OPERATION WAS PE | | 206. F YES, WERE FINDINGS CO | ONSIDERED IN CERTIFYING | |
| | The other has been had been ha | CERTIFICATION | | | YES 💌 NO 🗆 | CALKES OF DEATING | | |
| | N. or | | 21a ACCIDENT WAS UNDERLY | | 21c. HOW INJURY OCCURRED (Enter | nature of injury in Part 1 or Part 2, 1 | tem 18.) | |
| | CTA 計算 計算 PT THE | MEDICAL | OR CONTRIBUTING CAUSE OF DEA | | | | | |
| | the hospital or otherding this certificate has been this certificate has been letached for use as the Boet. of Health prior to | ME | 21d INJURY OCCURRED 21e | PLACE OF INJURY (AT HOME FARM, STREET, FA | | City or Town | Caunty State | |
| | the this this deta | П | While Not while at work | COPPLE BUILDING, ETC | | | | |
| | DING by t After I be c Stote | | 22a. I certify that (I) (th | ns haspital) attended the deceas | ed from 5 yearse, 196 | 9. 10 to June, 19 | 69', that (1) (we) last | |
| | END ed S: A he S | | saw the deceased o | ative and a fine and wiew the | 96 7 and frot in (my) (nur) on | nion death accurred on the do | te and haur and from the | |
| | tain tail tail tail tail tail tail tail tail | | 22b RCNATURE | e, (i) (we) (alo) (did not) view ine | body offer deom. | 1 20. 0 | DATE SIGNED | |
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| | N (v b d v b d d v b d d v b d d v b d d d v b d d d d | 10 | 22d. PHYS CIAN S | 100000 | 22e ADDRESS | IRECTUR PHTS. | 20785 | |
| | PITA mo ERA ir, p | | MAME (Types) | as Hutchins, M.D. | | lover Rd., Hyatts | ville, Md. | |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exemple 8 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician artificate director, page 3 should be defached for use as the burial-transit permit. Then please remains should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any or the state of the please of the burial cremation, or removal, and in any or the prior to burial, cremation, or removal, and in any or the please of the prior to burial, cremation, or removal, and in any or the please of the please of the please of the prior to burial, cremation, or removal, and in any or the please of the please | 23a | BURIAL CREMATION. 23b | | CEMETERY OR CREMATORY | 23d LOCAT ON (City or Town) | (County) (State) | |
| | O Pod | | REMOVAL (Sperify) | | ncoln Cemetery | Colmar Manor Pr | | |
| | VR AIL | 24. | FUNERAL DIRECTOR | 2239GGA | 250 BECAD B | Y REGISTRAR 2Sb. REGISTRAR'S | SIGNATURE | |
| | 45M - 1 | | F. Gasch's | Sons Hyattsville | DAUN : | 2 5 1969 / Cliant | as judge. | |

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| 7-12 | 1 | MARYLAND STATE DEPARTMENT OF HEALTH | |
|--|---------------|--|---|
| FOD STATE | | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | 0.017 / 0 |
| FOR STATE | 1 6 | MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle | 08742 |
| HEALTH DEPT. | | (Type or Print) NINNIE PETRELLO BASS OF EXPLOSION MATERIAL MATERIA | th Doy Year 2b HOUR 12/1965/200 |
| Pog 4 3 1 | 3 5 | SEX 4 RACE S DATE OF BIRTY 6 AGE (IN years IF UNDER 1 YEAR F UNDER 24 HRS 2C DATE PRONOUNCED DEAD | 70- |
| 5 EE (F) | | F W mar 17/913 last pichoday MONTHS DAYS HOURS MIN MOTTH DOY | 21 Year 196 112 25 |
| | | BIRTHPLACE (State or foreign 7b. CIT.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH | |
| te for se | | intry) Working WSA WIDOWED DIVORCED Prince De | orages Md |
| 24 hours after death in Item 18. Owe Pages ris Office along with far as I and Zwith-The State its after death | 10 1 | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life evilin if retired during most of working life evilin if retired | |
| 五人 五五十二 | 13o | USUAL RESIDENCE (Where deceased lived, if institution Residence before 3c (ITY OR DOWN) 13d MISTOR (ITY IMMITS? 13d. STREET AND NUMBER | 1 1-1 |
| Age of the second | 0 | odmission) STATE MA 136 COUNTY FR GEO Chewilly YES NO [6117 Fo | nolous Rel |
| s certificate shauld be executed within 24 hours after de, writing the ward "pending" in pencil in Item 18. Owe farwarded to the Chief Medical Examiner's Office along it used as a burial-transit permit. File pages land 2 with the emaval, and in any event within 72 haurs after death | 14 1 | FATHER'S NAME First P Middle CO ST IS MOTHER'S MAIDEN NAME First P Middle | Lost |
| h'n 24 ncil 'n niner's pages haurs | 160 | I WAS DECEASED EVER IN U.S. AR MED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT | Aug Pert |
| I within n pencil Examiner File page | 0 | (Yes. no orthogram) (It yes give war or dates of service) 579-01-7187 Junes Baro Chillell- | tul |
| ecuted ming" in dical Exercises | | IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| executed nding" if within | | MMEDIATE CAUSE (0) | |
| be exemple the pends while for the man is th | | Conditions, if ony, which gove (b) DUE TO, OR AS A CONSEQUENCE OF Selection of Conditions, if ony, which gove (b) Sulmany Ederary Lew) | mucho |
| d be chief | | DUE TO OD AS A CONFEDERACE OF | mucy |
| cate shauld be en the word "per led to the Chief I a burial-transit and in any ever | | stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| the state of the day o | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| This certificate shauld be executed cate, writing the ward "pending" in be farwarded to the Chief Medical E be used as a burial-transit permit. For remayal, and in any event within | 7.5 | Circulation of the state of the | |
| iis certific te, writin t farward se used a remaval, | ATION | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION | 20. AUTOPSY? |
| his c ate. e far be u | CERTIFICATION | WAS PERFORMED? | YES NO |
| 필요 필요 | L CER | PRIMARY OR CONTRIBUTING HOUR A.M. | 2, tem IB.) |
| INER: T e certifice shauld to files. 3 shauld atian, ar | MEDICAL | CAUSE OF DEATH P.M 19 | |
| MIT the state of t | W | WHILE MOT WHILE foctory, office building, etc.) | County Stote |
| 7 7 0, 57 | | AT WORK AT WORK | TD 1: : |
| a × , + o = | | 22a. I certify that I taok charge of the remains described above, held an Autopsy Inspection Inspection Inquiry death resulted from. Natural causes , Accident , Suicide , Hamicide , Undetermined mann | |
| | | CHIEF MEDICAL EXAMINER | |
| ~_ ~ | | ACTUAL NO A SECTION OF A | ATE SIGNED |
| U E | | EXAMINER'S DAY TONO MATKINIS DEPUTY MED CAL EXAMINER OF NAME (Type) DAY TONO MATKINIS ADDRESS (Street, city, town, or county) | -22-0/ |
| O DEPL necessa the fun 5 may 0 FUNE Health | 23o | | (County) (State) |
| | - | REMOVAL (Specify) | SCORGES MD. |
| M | 24 | FUNERAL DIRECTOR PARTIE ADDRESS A. C. 1 750 REG D BY REGISTRAR 256 REGISTRAR 256 REGISTRAR | R S SIGNATURE |
| VR A15ME (5) | И | V. W. Chambers C.O. 7105 PALEDINSPAR JUN 26 1969 100 | contes fredato |



| and make a limited | 1 | A C THE A DIVISIO | | | RTMENT OF | | AND 21201 | | |
|--|---------------|--|--|-----------------------------|---------------------------------|------------------------|------------------------|---------------------|-------------------------|
| FOR STATE | | 08749 DIVISIO | ON OF VITAL RECORDS, 30 MEDICAL EXA | | | | LAND ZIZUI | 01 | 3743 |
| HEALTH DEPT. | | ECEASED-NAME FIR | | ddle | Lost | OI DEATH | 2a. DATE KNOWN | | - |
| deloy is and 3 to M3. Page | | Type or Print) Char | les Wesl | A17 | Baumberg | To Y | OF ESTI DEATH MATED | | |
| Po Po | 3 5 | | S DATE OF BIRTH | 6 AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS | 2c. DATE PRONOUNCE | ED DE AD | 2d HOUR |
| PM3. P | М | ale White | 3-2-1915 | last birthday) | MONTHS DAYS | HOURS MIN | Month C | 2 ^{Poy} 69 | Yeor 198:54pm M |
| E~ 34 | 7a. | BIRTHPLACE (State or foreign | 7b. CITIZEN OF WHAT COUNTRY? | 8. MAF | RIED NEVER MAI | RRIED 9 COU | INTY OF DEATH | | |
| - E g | COFI | "W.Va. | U.S.A. | WIDO | WED DIVO | RCED F | rince Geo | rge's | Md |
| Pages with for | 10. (| ITY OR TOWN OF DEATH | 11 NAME OF HOSPI give street address) | IAL OR INSTITUTION | (If not in hospital | | CUPATION (Kind of w | | KIND OF BUSINESS OR |
| D 0 1 1 1 | | Cheverly | Prince G | eorge Ho | spital | | f working life, even i | Tellied IND | mby |
| s offer along | 130 | USUAL RESIDENCE (Where dece | osed lived, if institution: Residen A3b (OUNTY Prince George | | | d. INSIDE CITY & MITS? | 13e. STREET AND NU | | |
| urs n 18 n 18 n 18 | | taryland ATHER S NAME First | Middle George | | wie | YES 3 NO | Bowie Ra | | k Road |
| 24 hours in Item 1 r's Office es land 2 | 14. | Wesle | | lost lberger | IS MOTHER'S MAIR | | ginia | liddle Oho | ddock |
| hin 24 nool in niner's pages hmurs | 160 | WAS DECEASED EVER IN U.S. ARMEE | V | | , INFORMANT | Λ ΤΤ | ADDR | | agoek |
| executed within 24 hours anding" in pencil in Item 1. Medical Exominer's Office to permit. File pages 1 and 2 and 2 within 72 haurs offer d | 1, | es, nover unknown) (If The | | 54-6972 | | V. Ban | | | ve address |
| d will in pe Exon File n 72 | - | | | | 11101111 | | fe) | - abov | APPROXIMATE INTURVAL |
| be executed "pending" in nief Medical E. | | PART I. DEATH WAS CAUS | n y one couse per line for (o), (b) ED BY. HATE CAUSE (o) Heart | failure | | (| | - | BETWEEN ONSET AND DEATH |
| e execute pending" of Medica sit permit | | 41 | DUE TO, OR AS A CONSEQ | | riosclero | otic hear | t disease | (| over 8 yrs |
| ld be e rd "per Chief / fro∎sit | | Canditions, if any, which gave | | | | | | | |
| World the Ch | | rise to immediate cause (o), stating the underlying couse | DUE TO, OR AS A CONSEQ | UENCE OF | | | | | |
| Should should buried in on | | last. | (d) | | | | | | |
| INER: This certificate should be executed within 24 hours offer e certificate, writing the word "pending" in pencil in Item 18. Give should be forwarded to the Chief Medical Exominer's Office along files. 3 should be used as a buriof fromsit permit. File pages land 2 with a dition, or removal, and in any event within 72 hears offer death. | | PART 2 OTHER SIGNIFICANT CON | DITIONS CONTRIBUTING TO DEATH | BUT NOT RELATED | O THE TERMINAL D | ISEASE OR CONDITIO | N GIVEN IN PART I(o) | | |
| certificate writing the inwarded to so o novel, and | No. | 19a. DATE OF OPERATION | I AL COUNTY | N FOO INDUCTO OFF | A TOTAL | | | | I as |
| certificon virial construction of the certificon virial construction of the certificon virial certific | E | 170. DATE OF OPERATION | | ON FOR WHICH OPE FORMED? | CATION | | | | 20. AUTOPSY? |
| leR: This certificate, rould be for should be for should be figure, or real from a contract of the form of the for | CERTIFICATION | 210. EXTERNAL CAUSE WAS | 216 TIME OF INJURY Month, | Dov Yeor 2 | HOW INJURY OF | CURRED (Enter not a | re of njury in Part 1 | or Port 2 Item 1 | YES NO Z |
| NER: T certifica hould b- iles. should | MEDICAL | PRIMARY OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. | 19 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | CONTES (E-1101 1101) | ie or apriy in run r | or roll 2, helli i | 0) |
| = = : : | 윺 | 21d NJURY OCCURRED 21e | PLACE OF INJURY (At home, form | street, 2 | f LOCATION Street | ar R F.D. No | City of Town | G | ounty State |
| EXAMINER: cute the certi age 4 should r your files. Pogm 3 should., cremation, | | WHILE MOT WHILE AT WORK AT WORK | actory, office building, etc.) | | | | | | |
| 프랑인 얼마 그 | | 22a. I certify that ! | taak charge of the remains | described obave | , held on Auto | psy , Ins | pection 3, In | nguiry , | and in my apmion |
| | | death resulted from: | Notural causes [30] | Accident | Suicide . | Homicide . | Undetermined | manner 🔲 | , , |
| . R 하 글 조 오 | | ACTUAL /_ | // 11 | | CHIE | EF MEDICAL EXAMINE | R | | |
| | | SIGNATURE | try / len | 77 | | ISTANT MEDICAL EXA | | 22b DATE SIGN | |
| DEPUTY RESSARY, F e funera moy be r FINERAL | | EXAMINER'S NAME (Type) Tolko K | 1 1m D1 | 2 7 163 | | UTY MEDICAL EXAMI | | 6-28- | -69 |
| O DEPUTY necessary, the funera 5 may be 1 medith prid | 230 | 2 0 0 1 11 13 | | dale, Md | • | RESS(Street, city, to | LOCATION (City or To | und) (f., | mb.) (Canada |
| F F | 130 | REMOVAL (Specify) | 7/1/69 Ft | | | | colmar Ma | | nty) (Store) |
| ^ | 24 | | y's Funeral | | ainier | 2So REC'D BY REC | GISTRAR 2Sb, B | EGISTRAR'S SIGNA | YHR |
| VR A15ME (5) | | Home Inc. | J - anoraz | Maryla | ind | DATUL 3 | 1969 | maries | 7 |
| 7.0 | | | | | | | 1-00-0 | | |

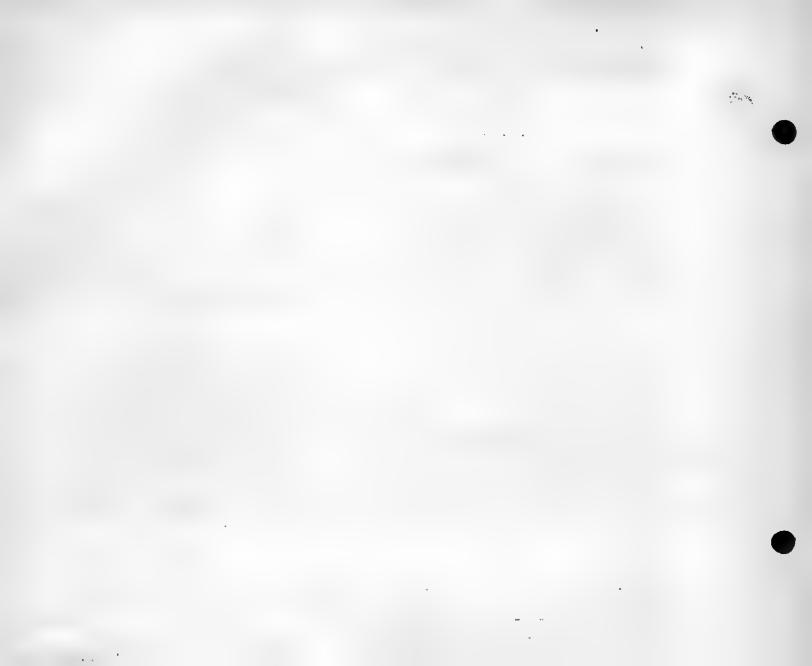


MAKYLAND STATE DEPARTMENT OF HEALTH 08750 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08744 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24 hours after death Baxter (Type or print) Carrie Month 5 June :35AM 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years F JNDER I YEAR lost birthday) Female White Aug. 3, 1877 YRS the attending physician and completely filled in by sit permit. Then please remave carban papers. To BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) WIDOWED ... DIVORCED [Prince George event, within 10, CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor within 12b KIND OF BUSINESS OR during most of working life, even if retired)

Housewife give street oddress) Nursing INDUSTRY Hvattsville Carroll Own Home 130 USUAL RES DENCE (Where deceased fived, if institution. Residence before University 13d. INSIDE CITY UM TS? 13e STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13b. COUNTY YES NO 6906 Wells Parkway and in any 14. FATHER S NAME First Middle S. MOTHER'S MAIDEN NAME First Lost Philip Nally Ruth Bell Ann 160 WAS DECEASED EVER N U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Address I (If yes give war or dates of service) Yes, no. or unknown) crematian, ar remayal, Dorothy Aldridge Same as #13 none APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. ardian and respecto minuite IMMEDIATE CAUSE (o) Conditions, if ony, which gove) burral-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. storing the underlying couser signed L aderoselling PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 attending as the 90. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES 🗌 NO K director, page 3 should be detached for use should be filed with the State Dept. of Health ficate | 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B) 216 TIME OF INJURY OR CONTR BUTING (CAUSE OF DEATH HOUR A.M. Month Doy Year IO FUNERAL DIRECTOR: After this certif (If either, notify medical examiner) P.M 21d INJURY OCCURRED 2)e PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21F LOCATION Street or R.F.D. No. City or Town (ounty Stote While hot while of work 220 I certify that (I) (this haspital) attended the deceased from 120, 1964, to 6/5, 1964, that (I) (we) lost sow the deceased alive on 1969, and that in (my) (aut) apinion death occurred on the date and hour and from the couses stoted obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE ATTENDING MAD DEGREE PHYS DIRECTOR PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) David M. Goldman, M.D. 3700 East-West Highway, Hyatts 23b DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMAT ON. 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 6/7/69 Sacred Heart Cemetery White Marsh Md. Burial 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 41 45M - 1/69 Milesolas Judge 1969 DATUN Francis Gasch's Sons Hyattsville, Md.

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| <i>Y</i> 1 | 7/22/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ttem6 Filmolily 7/16/69 kk CERTIFICATE OF DEATH 08745 | | | | | |
|--|--|--|---|--|--|--|
| | | tem6 FilmG414 7/16/69 kk CERTIFICATE OF DEATH | 00140 | | | |
| death. | 10 | CHARLES ROBERT BECKER II 20 DATE OF DEATH 24Doy Month 24Doy | 69 Yeor 6:15 M | | | |
| | 3 S | 1. min | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN | | | |
| illed mapping papers hin 72 hou | 70 600 | BIRTHPLACE (Stole or foreign U.S.A. NEVER MARRIED NEVER MARRIED 9 COUNTY OF DEATH 9 COUNTY OF DEA | Md | | | |
| within 24 fulled ban pape | AN | TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital DREWS AFB 120 USUAL OCCUPATION (Kind of work done during was of working life, even if retired) | 126 KIND OF BUSINESS OR INDUSTRY AT | | | |
| executed within and campletely full remave carbon premave carbon prin any gvent, within | 13o odm | USUAL RESIDENCE (Where deceosed wild, if institution Residence before ission) STATE MD PRINCE GEORGE INDIANHEADYESX NO Apt 3-L Sca | an Land Rd | | | |
| and control of the co | 14. | ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle | LOWAY | | | |
| ificate by sician please of, and i | 160 | WAS DECEASED EVER IN U.S. ARMED FORCES? NO. or unknown) (If yes give war or dotes at service) NO FATHER SAME AS ITEM #13 | | | | |
| requires that the death certificate be executed within 24 physician. signed by the attending physician and campletely filled a buriol-transit permit then please remove carbon paper a burial, cremation, ar remayal, and in any event, within 72 purial, cremation, ar remayal, and in any event, within 72 purial. | | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF | APPROXIMATE INTERVAL GETWEEN ORSET AND OFATH | | | |
| equires that the physician. signed by the bur al-transit burial, cremati | | Conditions/if ony, which gove nse to immediate couse (o). Stoting the underlying couse lost, (c) CDUE TO, OR AS A CONSEQUENCE OF (c) | | | | |
| Stoting the underlying couse (c) | | | | | | |
| SICIAN: The aw rec spital or attending perificate has been s ed far use as the b | CERTIFICATION | 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b IF YES, WERE FINDINGS CO | INSIDERED IN CERTIFYING | | | |
| PHYSICIAN: The hospital ar att his certificate has stacked for use Dept of Health p | MEDICAL CES | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, if HOUR A.M. Month Doy Year (If either, not fy medical examiner) P.M. 19 | tem 18.) | | | |
| PHYSI he hasp this cer estache Dept | ME | 21d INJURY OCCURRED While Not while of work At HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City of Town | County State | | | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us shauld be filed with the State Dept of Health | | 22a certify that *(1) (this haspital) attended the deceased fram 24 Jun 1969, to 24 Jun 1969, as the deceased alive on 24 Jun 1969, and that in (m) (our) opinion death occurred on the dot couses stated above, (3* (we) (3*d) (did not) view the body ofter death. | 69, that (we) last te and haur and from the | | | |
| OR ATT DIRECTO Be 3 short ed with | | 226 SIGNATURE 22c. 0 | DATE SIGNED 4 Jun 69 | | | |
| SPITAL 4 may t ERAL D ar, pagr d be file | | 22d. PHYSICIAN'S NGME (Type DUBOIS, CAPT, USAF, MC 22e ADDRESS MALCOLM GROW USAFHOSP A | ANDREWS AFB | | | |
| TO HOSPITAL (Page 4 may b TO FUNERAL D director, page shauld be file | | BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) Pittsburgh | (County) (Stote) Pennsylvania | | | |
| VR A 5 14, 45M - 769 | 24 | FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 250 REC'D BY REGISTRAR 250. REGISTRAR 3 0 308 Suitland Road Suitland Maryland DATE JUN 3 0 1969 400. | SIGNATURE | | | |
| 40/M - 769 | 1 7 | DATE JUN 3 1 1919 YUL | THE LABORATE | | | |



| | _ | - 1 | | | | | DEPARIMENT OF | | | | |
|-----|--|-----------|------------------|--|--|--|--|---|----------------------------|----------------------------|-----------------------------|
| | 1 | | | 08752 | IVISION OF VITAL I | - | RESTON STREET, BALT ATE OF DEATH | TIMORE, MARYL | AND 21201 | 0874 | 6 |
| | death. neral and 2 death. | | | (EASED-NAME First LEONAR | | hiddle TIS E | lost BELL | JUN 2a. DATE OF DEA | TH Manth 18 Doy | 69 Yeor | 3:28 HOUR |
| | by the funeral Fages, 1 and cours after death | | 3 . SE | MALE | 4. RACE NEGROI | D | S. DATE OF BIRTH | 335 k | AGE (In years st birthday) | | HOURS MIN |
| • | 도 '온'하는 | | 7o B coun | IRTHPLACE (Stote or foreign 71) PA. | U.S.A. | RY? 8 MARRIED WIDOWED | NEVER MARRIED DIVORCED | 9 COUNTY OF DEA | | | Mo |
| ,e- | E SE | , | AN | TY OR TOWN OF DEATH DREWS AFB | MALCO" | | SAFHOSP during n | JAL OCCUPATION (Kings) of Morking life, | | 12b. KIND OF B INDUSTRY | USINESS OR |
| :(| be executed with and campletely remave carban in any event, will | | 13a odmi M | USUAL RESIDENCE (Where deceased ssion) STATE ASS | lived, if institution Residence COUNTY | wESTOVE | Later Free | | and number Bennett | St | |
| | be exe | :#A | 14. F | ALFRED | | JR | . MOTHER'S MAIDEN NAME VIRGIN | | Middle RE | WILKI | Last NS |
| | rificate be shysician on please wal, and it | | 160. Y | WAS DECEASED EVER IN U.S. ARMED BS, no, or unknown) YES | Adatas of constant | | NFORMANT LFE SAME AS | S ITEM # | Address | | |
| | requires that the death certificate be g physician. In signed by the attending physician are burial-transit permit. Then please re burial, crematian, ar remaval, and in | | | 18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED E IMMEDIATE | Y / | (b), and (c)) | arrest | | | | ATE INTERVAL USET AND DEATH |
| | quires that the d physician, signed by the atte burial-transit perr burial, crematian, | F | | Conditions, if any, which gave nise to immediate couse (o), | (b) OR AS A CONS | Equence of | ocial so | plica | mia | 14 | days |
| | equires that thy physician. signed by the burial-transit burial, cremains the burial, cremains the comments of | | | stating the underlying couse last. | DUE TO, OR AS A CONS | <u> </u> | | | | | |
| 00 | ing physen significations and significations are significations. | | NO. | PART 2 OTHER SIGNIFICANT CONDI | | | | | ., | | |
| 0 | tan: The law requires th tal ar attending physician frate has been signed by far use as the burial-tra Health priarta burial, cre | 1 | CERTIFICATION | | NDITION FOR WHICH OPERA | | 20a. AUTOPSY? YES NO | CAUSES OF | | | RTIFYING |
| | PHYSICIAN: e hospital ar his certificate stached far u Dept, af Heal | | MEDICAL CE | 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner |) P.M. | Day Yeor | OW INJURY OCCURRED (Enti | ` ' | Part 1 or Port 2, 1 | tem 18.) | |
| | G PHYSICIAN the hospital this certifica detached fai te Dept, af He | | | at wark at wark | | | OCATION Street or R.F.D. N | | | County | State |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: I Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt | | | 22a. I certify that (版(this saw the deceased alive causes stated abave, t | hospital) attended the an 18 Jun (we) (di zk) (did nat | ne deceosed from 196_9an view the bady after | 13 Jun , 19 d that in (1 39) (aur) as death. | 69 , to 18 pinian death accu | Jun , 19 rred an the da | 69 , that (| (IK(we) las ind fram thi |
| | OR AT be retain SIRECTO | þ | | 22b. SIGNATURE | uncan, | Mil DEGR | ATTENDING 💉 | MED. ST DIRECTOR P | | SSun (| 65 |
| | Page 4 may O FUNERAL t director, pag shauld be fil | 1 | | ZII GANGAN DUNC | | SAF M6 | MALCOLM | | | ANDREWS | S AFB |
| | TO HOSPI Page 4 n TO FUNER director, shauld b | | 1 | ane | 23-69 | C. NAME OF CEMETERY OR | - Com. | 23d LOCATION (| a - Pr | (County) | (Stote) |
| | VR A15 (4 30M REV 1. | () /68 | | FUNERAL DIRECTOR | rla. 517-11 | ADDRESS A | E. DATE UN | BY REGISTRAR 123 1969 | 2Sb. REGISTRAR S | SIGNATURE CALL | all. |



| | | | IND STATE DEPARTMENT | | |
|--|---|--|---------------------------------------|---|---|
|] | 08753 | DIVISION OF VITAL RECORDS | · · | BALTIMORE, MARYLAND 21201 | 0.027.27 |
| or Figure | | | CERTIFICATE OF DEA | TH | 08747 |
| E FEE | 1. DECEASED-NAME First (Type or print) | Middle | Lost | 2a. DATE OF DEATH | 2b. HOUR |
| and campletely filled in by the fraction of in any event, within 72 hours after death | Gladys | | Berlin | Month 4 Do | |
| 重量量 | 3. SEX Female | 4. RACE Cauc | S. DATE OF BIRTH | 6. AGE (In years | IF LINDER 1 YEAR IF UNDER 24 HRS. MOINTHS DAYS HOURS MIN |
| y the Page | | | Dec. 189 | | |
| in 24 haurs of filled in by the papers. Pag | 7o. BIRTHPLACE (State ar fareign | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | | |
| 24 ho | Russia | U.S.A. | WIDOWED DIVORCED | | |
| campletely filled asve carban pape y event within 77 | 10. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR | duri | . USUAL OCCUPATION (Kind of work done in most of wasking like even if retired) | 12b. KIND OF BUSINESS OR |
| Mith bank | andrews air forc | e base MALCOLM GR | | ing most of wasking life, even if retired.) | 13843181 |
| zmplet ve car | admission) STATE Mass. | ed lived, if Institution: Residence befor | 1000 | E CITY LIMITS? 13e. STREET AND NUMBER | |
| Commo of the commo | | <u>'</u> | 7.1.1.00 P.00 | 107 000000 | |
| are brocket ted within itian and campletely flease remaye carban and in any event, with | 14 FATHER'S NAME First | Middle Lost | 1s. MOTHER'S MAIDEN N | | Lost |
| | Morri | | | | rowitz |
| physician physician nen please iaval, and ii | Yes, ng, ar unknawn) (If yas give v | | | | |
| that the death certificion. by the attending physitransit permit. Then picremation, ar remayal, | | 133-16-7 | | Chimelis (same as # | APPROX.MATE INTERVAL |
| at the death cer the attending p ssit permit. The mation, ar rema | 18 CAUSE OF DEATH (Enter or PART + DEATH WAS CAUSE | ly one couse per tine for (o), (b), and I | (0) | | BETWEEN ONSET AND DEATH |
| ne death affendir permit. ian, ar re | 1 3 IMMEDI. | ATE CAUSE (0) Cavaja | c arrest | | |
| aff per ian, | Cold | DUE TO, OR AS A CONSEQUENCE O | OF . | | |
| t te the mail | Conditions, if any, which gave rise to immediate cause (o), | 0 | ry | | |
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| quires that the physician. signed by the burial-transit burial, cremat | lost | (c) | LIAT BULLTED TO THE PROJECT DIVING | T AD COMPLICATION OF THE PARTY OF THE | |
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| Ten de lo la sus price price price la | 190. DATE OF OPERATION 190. 4 June 6 9 0 | LA LADAA | | | (ONSIDERED IN CERTIFIING |
| , Highest / | 21a WCC DENT WAS UNDER VII | G 216 TIME OF INJURY | | (Enter nature of injury in Part 1 or Part 2 | |
| al o far far Hec | | HOUR A.M Month Day Ye | | (tilles notice of injusty in rull 1 of rull 2, | , 11811 10-) |
| PHYSICIAN e hospital his certifical stached far Dept af He | G contributing cause of bea | | FACTORY.) 21f LOCATION Street or R.F. | D No City or Town | County State |
| G PHYSIC the hospii this certi detached | While Nat while at work of work | PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC | 221 COCATION STEEL OF KI | D NO CITY OF TOWIS | COORTA 24016 |
| JING PHYS by the hos lifter this ce be detache State Dept | at work of work | : | and from the on the | 10 69 to # 011110 10 | O Cold that (I) (wa) las |
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| DE SEN | causes stated above | e, (I) (wee) (did) (dud nest) view th | e bady after death | | |
| A SP CHAR | 22K SIGNATURE | 11, 100 - 110 | h. ATTENITION . | 27: | DATESIGNED |
| ook be r be r ed w | AGUM | m claria | PULL DEGREE PRYS L | MED STAFF DIRECTOR PHYS | Hune by. |
| AL 19 E | 22d. PHYSICIAN'S | DOM STAN SE | 22e ADDRESS | CROW HE F HOSD AND | REWS AFB MD |
| Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital or attending physician. PUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhmuld be filled with the State Dept af Health priar to burial, creating the state beat af Health priar to burial, creating the state beat af Health priar to burial, creating the state beat af Health priar to burial, creating the state beat af Health priar to burial, creating the state beat af Health priar to burial, creating the state beat af Health priar to burial, creating the state burial and the state burial are stated to the state burial and the state burial are stated to the state burial and the stated the stated to the stated to the stated to the stated the stated the stated to the stated to the stated the stated to the stated the stated to the stated the st | - (JUHO M CLARK | | | GROW USAF HOSP AND | |
| HO Age FUN FUN | ATTION 10 17) | | OF CEMETERY OR CREMATORY | 23d. LOCATION (City or Town) | (County) (State) |
| 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | Israel Cemetery | West Springfiel | d Mass. |
| VR A15 (4) | 24. FUNERAL DIRECTOR | ADDRE | SS 2SG. R | ECD BY REGISTRA 969 2Sb. MGKLEAR | P. P. P. L. |
| 30M REV. 1/68 | Goldberg Funeral | Home 4217 9th St | N.W. DAR | Olt o | |

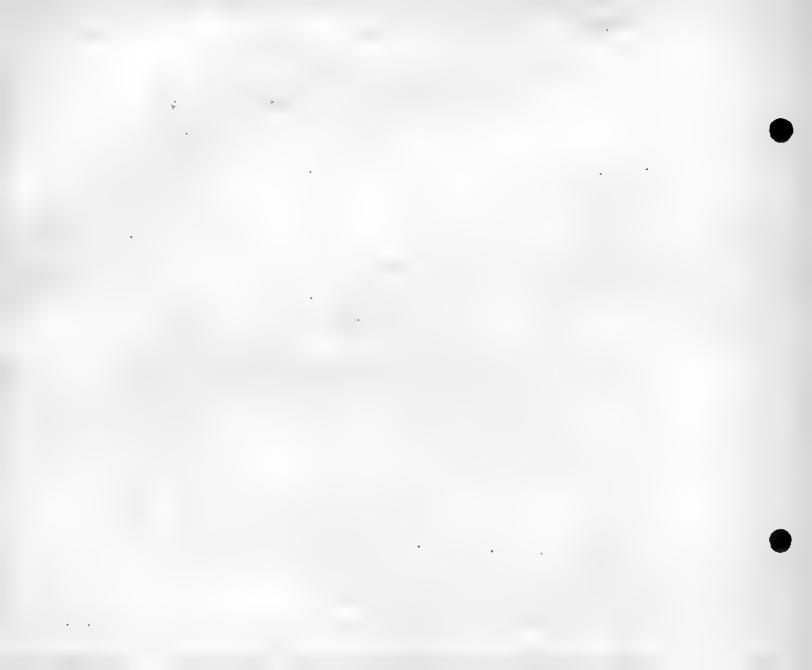


| MARYLAND STATE DEPARTMENT OF HEALTH | | | | | | | |
|---|---|--|---|--|--|--|--|
| FOR STATE | | 08754 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | | | | | |
| HEALTH DEPT. | | DECEASED NAME First Middle Lost Zo_DATE_KNOWN Month | Doy Year 2b HOUR | | | | |
| 3 to 3 to 20ge | | Type or Print) OF FST | 21, 1969 M | | | | |
| ne le | 3 5 | | Yeor 1965 A HOUR | | | | |
| 1, 2, or m PM: | | BIRTHPLACE (State or toreign 7b, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH | | | | | |
| te for es | coni | Pennsylvania USA whowed Prince Georges | | | | | |
| death Poges 1, with form | 10 | | 12b. KIND OF BUSINESS OR INDUSTRY Store | | | | |
| | | USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c (ITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER | | | | | |
| house after lem 18 6 of Office alang and 2 with i | <u> </u> | dmission) STATE Nd 13b COUNTY Pro Geo Seabrook YES NO 13c 6905 96th av | venue,. | | | | |
| | 14. | FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle | Last | | | | |
| hin 24 nctl in I niner's pages 1 hours (| 160 | WAS DECEASED EVER IN U.S. ARMED FORCES? [166, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS | | | | | |
| within penal camine ie pagi | | (es, no, or unknown) (If yes give wer or dates of service) 172 03 3275 Mary A Berry Seabrook, Md. | | | | | |
| E _ E | | 18. CAUSE OF DEATH (Enter only one couse per the for (o) (b) and (c) | APPROX MATE INTERVAL BETWEIN ONSET AND DEATH | | | | |
| xecuted nding ' ii Medical permit. nt within | | PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Pulmonon Ee denn | 1 Kr | | | | |
| be execution pending iief Medicuransit perm | | Life to on the controllers of | | | | | |
| d be d 'p Chier rrans | | Conditions, if any which gave inse to immediate cause (a) (b) Consisting Heart Failure | | | | | |
| errificate shauld be everified to the Chief warded to the Chief sed as a burial-transit aval, and in any everified. | storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF | | | | | | |
| ate she ag the ed to and in | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) | | | | | |
| verificate writing th rwarded t ised as a l naval, and | × | | | | | | |
| O B SE | CERTIFICATION | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20. AUTOPSY? | | | | |
| the second | ERTE | 210 EXTERNAL CAUSE WAS 21D TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Its | YES NO | | | | |
| 援事 골일 | | PRIMARY OR CONTRIBUTING HOUR A.M. | am 10. j | | | | |
| = a ~ +- ∞ e | MEDICAL | 21d INJURY OCCURRED 21e PLACE OF HAJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. (city or Town | County State | | | | |
| EXAM ute th uge 4 your Page 4 | 1 | WHILE NOT WHILE foctory, office building, etc.) | | | | | |
| ical E e execu tor Pag ed for CTOR: P bur.al, | | 22a certify that taak charge of the remains described above, held on Autopsy Inspection Inquiry | ond in my opinion | | | | |
| | | death resulted fram: Natural causes [7], Accident [1], Suicide [1], Homicide [1], Undetermined monner | | | | | |
| | | ACTUAL DANGE OF ACTUAL DANGE OF ACTUAL SYMMETRY ACTUAL SYMMETRY OF ACT | Struct | | | | |
| Property Property | | SIGNATURE IN THE PROPERTY OF T | 21 69 | | | | |
| ro DEPUTY necessary, p the funeral 5 may be n 10 FUNERAL Health prior | L | NAME (Type) DAYTON DWATKINS ADDRESS(Street, city, town, or county) | | | | | |
| 5 + 2 P + 2 D + 3 P + 3 | 230 | BURIA, (REMATION, REMOVAL (Specify) 23d LOCATION (City or Town) Long town Cambi | (County) (State) | | | | |
| | 24 | Burial June 24, 1969 Grandview Cemetery | | | | | |
| VR A15ME (5) 10M REV 1/68 | 24. | | S GNATURE | | | | |

MARYLAND STATE DEPARIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08755 08749 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle requires that the death certificate be executed within 24 haurs after death. Month 3th (Type or print) Samuel S. Berry June S DATE OF BIRTH F JNGER 1 YEAR IF UNDER 24 HRS 3 SEX 4. RACE 6. AGE (In years White last hirthday) MONTHS ! DAYS HOURS Male physitian and completely filled in by the July 4th. 1883 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED [NEVER MARRIED] country USA WIDOWED XX DIVORCED Pr. Geo's. Co. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR RD during most of working life, even if retired) giversireet address) INDUSTRY Silesia Fort Wash. Carpenter 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Maryland 36 COUNTY NO.E Silesia 11400- Fort Wash. Geo's. 15 MOTHER S MAIDEN NAME First 14 FATHER 5 NAME First Middle Lost Robert Berry Mary E. Rowe 160 WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown) (If yes give wer ar dottes of service)
Yes. Peace Time Mrs. Charlotte E. Floyd Number 13. 16b SOCIAL SECURITY NO. eace Time APPROXIMATE INTERVA THE CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c))
PART I DEATH WAS (AUSED BY:
IMMEDIATE CAUSE (o) DISTASE Conditions, if ony, which gove) ENSIVE nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses ARTERIOSCLEROSIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO V YES 🗌 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 216 ACCIDENT WAS UNDERLYING 216, TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 13, 19 1, ta 10 1, 19 7, that (I) (see) last saw the deceased alive an 1957, and that in (my) (corr) opinion death accurred an the date and haur and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED DIRECTOR 22d. PHYSICIAN'S CHEW 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION (County) Arlington National Com. Arlington, Virginia VR A15 (4) DC . Bros-1661-Gd . Hope Rd . SE . 30M REV 1/68



| _ | _ | 1 | | | | | DEPARTMENT OF | | | | | |
|-----|--|---------------|---|--|-----------------------------|----------------|--------------------------|-------------------|-----------------------------------|-------------------|--------------------------|--------------------------|
| -9- | l | | 08756 | DIVISION | OF VITAL RECORDS | | RESTON STREET, BA | | ARYLAND 212 | | | |
| / | | | | | | CERTIFI | CATE OF DEATH | 1 | | | 0875 | n |
| | € -2€ | | ECEASED NAME First Type or print) | | Middle | | Lost | 2o. DATE (| | | | 2b HOUR |
| | dea and dea | | Ban | bara | Jean | В. | limmel | | Month June | Day 13 | 1969 | 10:45A |
| | Fer fer | 3 5 | EX | 4 RACE | | | S. DATE OF BIRTH | | 6. AGE (In year | 065 1 | FUNDER I YEAR | IF JINDER 24 HRS |
| | S of | | Female | | ite | | 10-17-3 ⁵ | | log 3's theory | YRS. | 2YAG 2HTMO | HOURS MIN |
| | and and and | | BIRTHPLACE (State or foreign ntry) | 76 CITIZEN O | F WHAT COUNTRY? | 8 MARRIED | NEVER MARRIED | 9. COUNTY O | OF DEATH | | | |
| | d in | 1 | Pennsylvania | U.S | . A. | WIDOWED | | Princ | e George | e's | | Md |
| | be executed within 24 hours after death. and campletely filled in by the funeral e ferrave carban papers. Fages, 1 and 2 rin any event, within 72hours after death. | 10. | CITY OR TOWN OF DEATH | 1 | I NAME OF HOSPITAL OR IN | ISTITUTION (IF | not in haspital 120 U | SUAL OCCUPATIO | M (Kind of wark | done | 126 KIND OF B | |
| | · 함께 송명(회) | <u> </u> | Cheverly | | Prince Geor | ge's G | en. Hosp Re | gister | ed Mars | e _{ed}) | Hospi | tals |
| | plet cor | 13a | USUAL RESIDENCE (Where deced | | titut an Residence before | | | | STREET AND NUME | | | |
| | cam ave | | ENGLAN |) | | Chel | tenham YES 🗆 | NO 4 | 6 Christ | t Chu | irch Roa | ad |
| | ond co | 14 | FATHER S NAME First | M₁dd | le Las [†] | 1 | S. MOTHER'S MAIDEN NAM | E First | | ddle | | Lost |
| | | _ | Robert | В. | Irwin | | | dred | | J. | Hom | mel |
| | nding physician. been signed by the attending physician is the bund-transit perm.t. Then please art to bintal, cremation, ar remavat, and | 160 | WAS DECEASED EVER 1% US AR Yes, ng, or unknown) (It yes give | MED_FORCES? was as dates of service | 16b SOC A. SECURITY | | INFORMANT | | | 2791 | 2 | |
| | de S | | | | 165 28 07 | | ames Q Bli | mmel | Same a | 8 #1. | | |
| | physican. signed by the attending phybridan. burial-transit perm.t. Then burial, cremation, ar remava | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI | nly ane cause p | er line for (a) (b), and (c |) | | | | | APPROXIMA BETWEEN ONS | ET AND DEATH |
| | end ar.1 | | IMMED | ATE CAUSE (a) 🚄 | Increased 1 | nura-c | canial press | | | | | |
| | att att | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | DUE TO, | OR AS A CONSEQUENCE OF | hern: | iation of br | ain ste | m | | | |
| | 23 | | Canditians, if any, which gave rise to immediate couse (a), | (b)_ | | | emporal lobe | | | | | |
| 1 | e ta by | | stating the underlying cause last. | DUE TO, | OR AS A CONSEQUENCE OF | | | | | | | |
| 1 | physican. physican. sigmed by the attendi bural-transit perm.t bmral, cremation, ar r | | | (c)_ | NOUTL O TO DOLL OUT | .07.05.4750.0 | | | | | | |
| 12 | sign particular sign particula | | PART 2 OTHER SIGNIFICANT CO | NEHTONS EDATI | RIBUTING TO DEATH BUT I | IOI RELATED T | O THE TERMINAL DISEASE (| OR CONDITION GIV | VEN IN PART 1(o) | | | |
| | ding the | No. | 190, DATE OF OPERATION 196 | COMPLIANTON | WHICH OPERATION WAS P | TOFOD MED | 20a AUTOPSY? | 1001 | M yes Mirer Fille | NINCE CON | CIDEDED IN CCO | 7171/01/0 |
| | as the long of the | CERTIFICATION | 170. DATE OF GERATION 170 | COMPILION FOR | WHICH OFEKATION WAS P | CKPUKMED | YES NO | CALIS | IF YES, WERE FIND ES OF DEATH? | JINGS CON | SIDERED IN CER | HIPPING |
| | 中 S d a s d i | ERT | 21a. ACCIDENT WAS UNDERLYI | NG TOTAL TIME | E OF INJURY | 71, 1 | OW INJURY OCCURRED (E | | Dawk 1 C | D4 D 14 | 103 | |
| | IAN fical fical He | 18 | OR CONTRIBUTING CAUSE OF DEA | TH HOUR A | .M. Manth Day Year | | ON INDUKT OCCURRED (E | nrer nature of in | jury in Part I are | ran 2, mei | m ia.j | |
| | renti red red | MED | (If either, natify medical exam 21d. INJURY OCCURRED 21e | | | OTORY) OF L | DCA7-ON Street or D.E.D. | Ba Ca | ty ar Town | | f | State |
| | OR ATTENDING PHYSICIAN: be retained by the hospital or JIRECTOR: After this certificate e 3 should le detached for e ed with the State Dept. af Hea | | While Mat while M | FEMAL OF HER | OFFICE BUILDING, ETC. | 211 | OCATION Street or R.F.D | NG. ÇI | iy ar iown | | County | 31016 |
| | NG the second se | | 22a. I certify that (I) (th | ic boonitral) | attanded the decoar | od from | 6/6 19 | G 9 to | 6/13 | 106 | that I | 1) /1110) |
| | Aft Aft e St | | saw the deceased of | live on4 | 2113 | 196 7 an | d that in (mv) (our) | | occurred on t | he date | and hour ar | i) (we) last |
| | Sine Sine that the state of the | | causes stated obov | e, H (we) d | id) (did not) view the | body offer | death. | 1 | | | | |
| | ECT Part William | | 22b S GNATURE | in X | Finean | 14 | ATTENDING ATTENDING | _MED: | STAFF | 22c DA1 | TE SIGNED | |
| | Pe Se Pe | | Marine | 1.0.1 | | DEG | KEE PHYS | DIRECTOR L | PHYS. | 6 | 13/4 | 99 |
| | MOY WAL Po Po fin | | 22d PHYSICIAN S NAME (Type) Norma | an D. C | omeau, M.D. | | 22e ADDRESS 3503 Per | rv Stre | et Mt. | . Rai | nier, M | d) |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 mhould lie detached far use as the burnal-trains, shauld be filed with the State Dept. af Health pr.ar ta binital, cre. | | | | | | | | | | | |
| | HO Gge | | | DATE | 23c NAME OF | | | 1 | ON (City at Tawn | , | (County) | (Stote) |
| | 5 5 , | 24 | REMOVAL (Specify) Burial FUNERAL DIRECTOR | /16/69 | Ft. | Lincol | | D BY REGISTRAR | lmar Ma | | | Md. |
| | VR AIS A | 24 | = Stage 11 C | | 1 | 1 | . pdrUN | | | | | |
| | Ann IKOK | | · Masche >0 | NS_t | ty alter ill. | MIC | . DOILD IN | 1 8 198 | 201 | Y | , Judge | ja . |



| | | | | | DEPARIMENT OF | | |
|--|------------|---|----------------------------------|-----------------------------|--------------------------|----------------------------------|---------------------------------------|
| 1 - 1 | | 08757 | DIVISION OF VITAL | RECORDS, 301 W. I | PRESTON STREET, BALL | TIMORE, MARYLAND 21 | 201 |
| | | * | | CERTIFI | CATE OF DEATH | | 08751 |
| £ _~2\ | | CEASED-NAME Firs | 1 | Myddle | Lost | 20. DATE OF DEATH | 2b. HOUR |
| after death he funeral ges lend after death | (1 | ype or print) | IPTIF | L. BI | DUIEN | ST 28 Month | 20 /20 /9 50g |
| i sim | 3. SE | X | 14 RACE | | 5 DATE OF BIRTH | 6 AGE (In ve | DES DE UNGER YEAR OF UNDER 24 DES. |
| # 2 5 E | | - | 1 1 | | 12-24- | 6 AGE (In ye | MONTHS DAYS HOURS MIN. |
| 2 X2 8 | 7. (| UDTUDIACE (State on Ferning | To CITIZEN OF WHAT COUNT | FDV2 B | 0 - 07- | 9. COUNTY OF DEATH | VRS |
| pa a a | (00) | IRTHPLACE (Stote or foreign try) | 76. CITIZEN OF WHAT COUN | | NEVER MARRIED | 7. COUNTY OF DEATH | |
| The law requires that the death certificate be executed within 24 haurs attending physician. I has been signed by the attending physician and campletely filed in by its as the burial-transit permit then please remave carban papers. Plain priar to burial, cremation, ar remaval, and in any event, within 72 hours. | | WISI | usa | | <u> </u> | 17.1780'S | Md. |
| £ \$ \$. | 10 3 | TOWN OF DEATH | Olive street add | SPITAL OR INSTITUTION (IF | not in hospitol 120. USL | IAL OCCUPATION (Kind of work | done 12b KIND OF BUSINESS OR INDUSTRY |
| e executed with and campletely fremave carban on any event, with | \Box | -HINION | CLINTON | COMMUNI | | ast of working life, even if re | |
| campletely ave carbar | 130 | USUAL RESIDENCE (Where decer | osed lived, if institution Resid | ence before 13c CITY O | | - 1001 DIRECT THIS ITEM | BER |
| / e e e | | SSION) STATE | 1 13b. COUNTY Geo | Rges CL | IN GINYE | 8102-1 | nd arenul |
| d d c | | ATHER S NAME First | Middle | Lost | S. MOTHER S MAIDEN NAME | First Mi | ddle Lost |
| and and in an | | 11- | Bruss | | MANA | and a second | |
| icate b sician please il, and i | | WAS DECEASED EVER IN U.S. AF | RMED FORCES? 16b, SOC | IAL SECURITY NO. 17. | INFORMANT | Ad | diess Samo as |
| al plan | Y | es, no, or unknown) (If yes give | wer or dates of service) | B | ENFAMI | V H. BAWO | N 75/3 |
| phy hen hen | | 10 CAUCE OF DEATH (F-) | | T | | | APPROXIMATE INTERVAL |
| ren din | | 18 CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS | ED BY | (b), and (c) | Danie and | Ja Stea. Th | BETWEEN CINSET AND DEATH |
| e death affendi sermit on, ar ri | | IMMED | DIATE CAUSE (o) | mile | CO REGIST | W0/19aw | unage 10 min |
| aff aff | | | DUE TO, OR AS A CONS | EQUENCE OF | 0 | - Mada | 90 |
| the the safe | | Conditions, if any, which gave rise to immediate couse (a) | | Cell 10 | usocard | ear ywar | LUND 10-13 MINI |
| the particular that the particular training training the particular training trainin | 1 | stating the underlying couse | | EQUENCE OF | \$ 0.11 - | Eth | 5-11000 |
| Sici Sici | | last. |) (xeller | concerno | e Curise | ase win | J June |
| equires tha physician. signed by burial-tran | | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT REPATED | O THE TERMINAL D SEAST | COMPANION SCORES AND PARTY OF | el proreteou: |
| The law requires the attending physician. has been signed by se as the burial-traith priar to burial, tre | No. | 200 | ne | , | | 0 | |
| and | AT 0 | 190. DATE OF OPERATION 191 | CONDITION FOR WHICH OPER | ATION WAS PERFORMED | 2Do. AUTOPSY? | | DINGS CONSIDERED IN CERTIFYING |
| The after the has the has | CERTIFICAT | More | le | gue | YES NO | CAUSES OF DEATH? | |
| in a property of the search | | 210. ACCIDENT WAS JNDERLY | | 210 1 | TOW INJURY OCCURRED (Ent | er noture of injury in Port 1 or | Port 2, Item 18) |
| PHYSICIAN: 1 e hospital or e hospital or stached for us Dept of Health | MEDICAL | (If either north med collexon | | Day Year | -/18 | ne | |
| osp cert hed | ME | | | FARM, STREET, FACTORY 1 21f | OCATION Street or R.F.DM | (Lithor Jown) | County State |
| this hadetacle | | of work of white | -11/12 | NO NG-9C | | cons | |
| A the arter after a teacher | | | his harding attended t | he deceased from | 1000 19 | 07. to Pro | 1022 11 that (1) (wa) fact |
| DING d by t After d be c | | saw the deceased | glive on _ Mu | 2 7 1809 ar | nd that in (my) (our) as | inion death accurred an | the date and haur and from the |
| ATTENDING stained by th CTOR: After t shauld be de | | causes stated aba | ve, (1) (a) (did) (did not | view the bady after | death. | | the date and haur and fram the |
| et and state of the state of th | | 22b SIGNATURE | # | ~ | MAI. | | 22c. DATE SIGNED |
| OR be r | ш | (Lett) | un Xu | aver 40 | REE PHYS | MED STAFF DIRECTOR PHYS | June 27, 1967 |
| A P B B A | ı | 22d PHYSICIAN'S M | | 111 | 22e ADDRESS | DR BRANC | NA AVE |
| ERA ERA | | NAME (Type) | LAND DY | AVERO | (KM) 88 | DORINI | DU JUD |
| Page 4 may be retained by the hospital or attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet director, page 3 shauld be detached far use as the burial-transit permit then please remave car shauld be filed with the State Dept of Health priar to burial, tremation, ar remaval, and in any event. | 23o. | | DATE 23 | NAME OF CEMETERY OF | R CREMATORY | 23d LOCATION (City or Tow | n) (County) (State) |
| - Page 4 6 / / | | DEMOVAL/Concepts) | une 30-69 0 | edar Hill | Cemeterv | Switland | Md. |
| | 24 | SULLECTOR | Reso | ADDRESS Wash | | | STRAR'S SIGNATURE |
| VR A15 (4) 30M REV 1768 | 1 | mnons Bros | 1661-Good | Hope Rd S | 3111 | 1 1969 1 | warles friends |
| | | THEORY DIOD | 7007-0000 | Hohe Da 2 | C. DAD 0 E | - 1 | |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08752 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I DECEASED-NAME First Middle 20. DATE KNOWN Month Yeor (Type or Print) Poge DEATH MATED IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 5EX 5 DATE OF BIRTH Yeor 70 BIRTHPLAPE-(Stote or forgign MARRIED NEVER MARRIED 9 COUNTY OF DEATH farm WIDOWED [7 11 NAME OF HOSPITAL OF INSTITUTION (If not to hospital hours ofter death 120 USUAL OCCUPATION (Kind of work done INDUSTRY BULLOTTE 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 134 odmission) STATE 13b. COUNTY /: 408 YES PO NO F Mond 2 after ltep. · Middle 14. FATHER S NAME Lost 1S. MOTHER'S MAIDEN NAME hours pages icate, writing the ward "pending" in penal in be forwarded to the Chief Medical Examiner 17. INFORMANT (Yes, no, or unknown) (If yes give wat or dates of service) File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) event DUE TO, OR ASAR CONSEQUENCE OF burial-tronsit pe, Conditions, if any, which gave rise to immediate couse (a). should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ⊑ oug PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removol CERTIFICAT OIL used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO pe 21o. EXTERNAL CAUSE WAS 21b. TiME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town (ounty Stote foctory, office building, etc.) NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection 4 Inquiry 2 and in my apinian Accident . Suicide death resulted from. Natural causes Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE _ DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy 5 moy TO FUNE Heofth ADDRESS(Street, city, town, or county) NAME [Type] BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION (City or Town) (County) (Stote) Virginia Arlington Natl Fort Myer Cem. 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR Wm. Lees Sons, Co., Washington, D. VR A15ME (5)

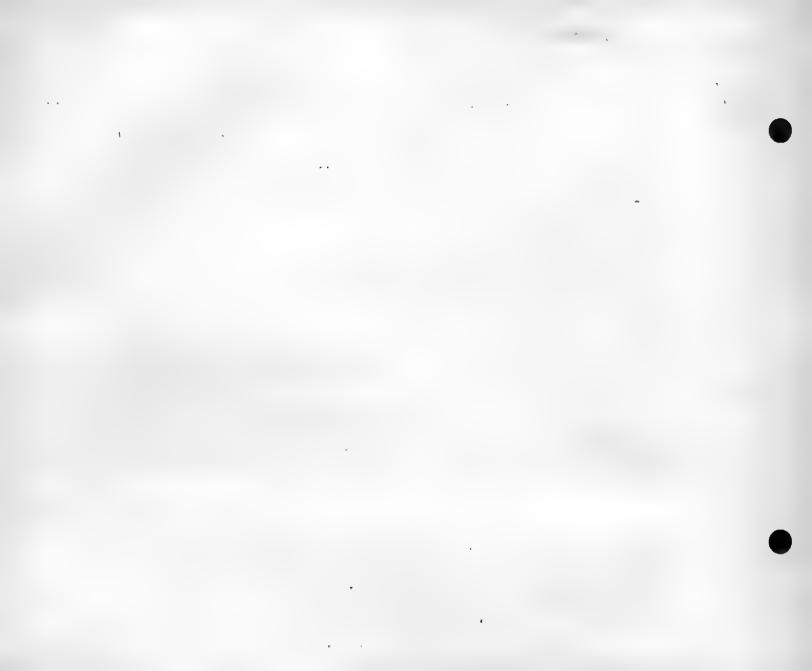
MARYLAND STATE DEPARTMENT OF HEALTH



| | , | 1 | 08759 physical | | STATE DEPARTMENT OF | | |
|----|--|---------------|---|--|---|---|--|
| | | Ιį | em8 FilmG413 6/10/69 | kk CFI | RTIFICATE OF DEATH | IIMURE, MARYLAND 21201 | 08753 |
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| | requires that the death certificate be executed within a physician. signed by the attending physician and campletely formal transit permit. Then please remayer carban a burial, crematian, or remayal, and in any event, with | | 18. CAUSE OF DEATH (Enter only one cause po PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) | er line for (a), (b), and (c)) | or of less fer | more afer | APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH CHOCKET |
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| | pital all pital all rrificate ed for a | EDICAL CE | OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) | M 19 | | er nature of injury in Part 1 or Part | 2 Item 18.) |
| | S PHYS the has this ce detache e Dept. | W | 21d. INJURY OCCURRED While Not while at wark | OFFICE BUILDING ETC | | | County State |
| | Page 4 may be retained by the haspital or attending To FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health pr.ar ta | | 220. I certify that (I) (this haspital) saw the deceased alive an Accauses stated above, (I) (We) (display that the courses stated above, (I) (We) (display that the courses stated above.) | Cee 100 196 | and that is (my) (our) on | inion death occurred on the | dote and hour and from the |
| | OR ATI | | 226 SIGNATURE Les CA | lle an | ATTENDING FOT | MED STAFF DIRECTOR PHYS D | DATE SIGNED |
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| | TO HO Page TO FUN direct | 12 | BURIAL, CREMATION 236, DATE REMOVAL (Specific) 6/6/6 | 9 231 NAME OF CEME | TERY OR CREMATORY | 23d LOCATION (City or Town) Strike Birr | e Luzerni P2 |
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| 1 | L | 1 - | 5 Film G LDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | |
|---|--|-----------------------|--|------------------------------|------------|
| | FOR STATE | | 08760 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08754 | i . |
| | HEALTH DEPT | 1 0 | | Day Year | 2b. HOUR |
| | NAC O SE A | | Type or Print) | 70 1601 | |
| | 3 to 3 to Page | 3 5 | Harry Edgar Brandt DEATH MATED 26-22- EX 4. RACE S DATE OF BIRTHO / 1.8 6 AGE (In yours IF LNDER 1 YEAR F UNDER 24 HRS. 2c DATE PRONOUNCED DEAD | -69 19 | M M |
| | g g Z | 1 | lost birthday Months DAYS HOURS M.M. Magath | . Yeor | 2d HOUR |
| | 2 and 3 th | 1 | 1ale White 1/-1/8-1/9/19 50 YRS 6 22 | 69 19 6: | B4-10m M |
| 4 | | | B RTHPLACE (Stole or foreign 75 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH | | |
| | te for s | | Md USA WIDOWED Prince George's | | Md |
| | executed within 24 hours after death anding in penal in Item 18 Give Pages 1. Med cal Examiner's Office along with fart permit permit. Ethe pages I and 2 with the State and within 72 hours after death | 10 (| OTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) | 2b KIND OF BUS NDUSTRY | INESS OR |
| | 24 havrs after d in Item 18 Give r's Office along w rs office along w rs after death | - | Cheverly Prince George Hospital | | |
| | havrs afte Item 18 Gi Office along I and 2 with after death | 30 | USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER | | |
| | 75 18 18 2 v 2 v de | - | dm.syon) State nd Prince George's Edmonston YES NO 5303 Decatur St | reet | |
| | hav term Offic ond | 14. 1 | ATHERS NAME First Middle Last IS MOTHERS MAIDEN NAME First Middle | Lost | |
| | 24 in the state of | | Harry C Brandt Lillian Mahorney | | |
| | hin 24 noil in piner's pages hours | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO | | |
| | | (| (es, no, or unknown) (if yes give war or dottes of service) 578 01 6157 Harry E Brandt Jr Lexington, | Md | |
| | be executed within 24 haurs "pending" in pending in tem 1 lief Myd cal Examiner's Office insit permit. Ere pages 1 and 2 event within 72 haurs after d | | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) | APPROXIMATE BETWEEN ONSET | |
| | まずる 。 真毛 | | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Gun shot wound of chest | OLINETA ORSEL | AND DEATH |
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| | pe (pe instruction) | | Conditions, if any, which gave | | |
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| , | shauld be e re word "per to the Chief I burial-transit I in any even | | tost. | | |
| h | the sind ind ind in | Ì | PART 2 OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(a) | 1 | |
| 1 | ing dec dec as | 74 | The state of the s | | |
| S | INER: This certificate, write should be farwar files. 3 should be used ashould be used nation, or remova | MEDICAL CERTIFICATION | 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION | 20. AUTOPSY | Y? |
| N | far far / | 150 | WAS PERFORMED? | YES (TSt) | NO 🗀 |
| | INER: Thrue certification should be files. 3 should be as should be as should be | 8 | 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of ajury in Part 1 or Part 2, Iter | | |
| | S. S. Suld only only only only only only only only | 3 | PRIMARY OR CONTRIBUTING HOUR A.M. 6-22-19 69 Shot self at home | | |
| | INER: e cert shaul files. 3 shou | SW D | 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21f LOCATION Street or R.F.D. No. 10 to you Town | County | State |
| | bical Examiner: se execute the certi- ctar. Page 4 shauld ned for your files. ECTOR: Page 3 should burial, cremation, | | WHILE IN NOT WHILE TO FOCTORY, Office building, etc.) AT WORK IN AT WORK IN HOME Same as #13 | , | |
| | cote of a second o | | | | |
| | TY DICAL E ry, please execu sral directar. Pa se retained for RAL DIRECTOR: I prior to buriol. | 1 | | | ay abinion |
| _ | Se | 1 | death resulted fram. Natural causes 🔲 , Accident 🚺 , Suicide 🔀 , Hamicide 🔲 , Undetermined manner 🖸 | _ | |
| | dir dir | | ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF C | 1011-0 | |
| | | | SIGNATURE ASSISTANT MEDICAL EXAMINER 220. DATE ST | 5-24-69 | |
| | SSO SSO STATE OF THE PERSON STATE OF THE PERSO | | EXAMINEKS / / | 3-24-09 | |
| | TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem | - | NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) | | |
| | 5 c ± 2 5 ± | 230 | REMOVA (Specify) | County) (S | tote) |
| | | | Rurial June 27, 1969 Baltimore National Surviviole, No. | 21112 121 | |
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| | 10M REV 1/68 | | F. Gasch's Sons Hyattsville, Md. ON 27 1969 Hillands | 17 January | |
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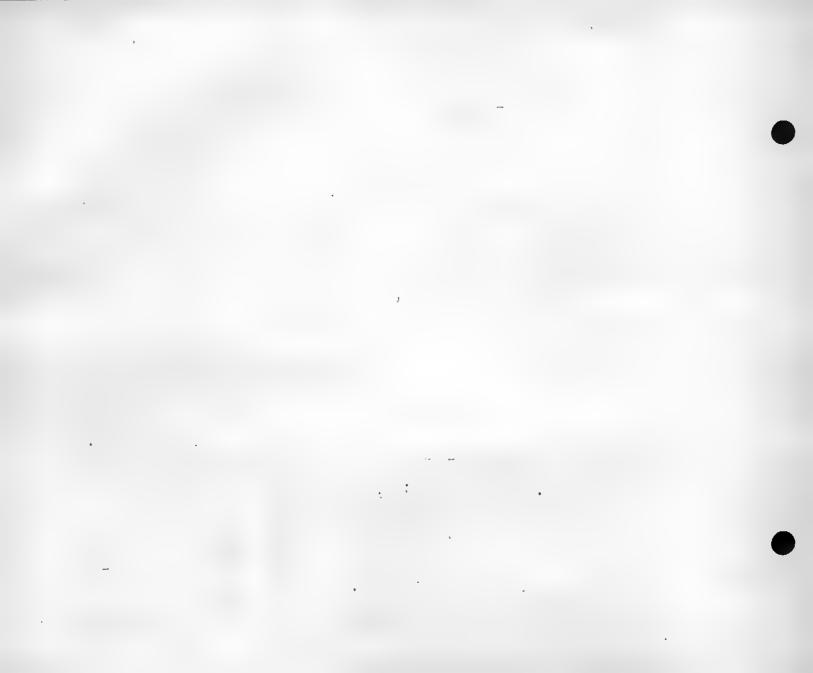
| 1 1 | | 08761 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
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| 7 | Ιt | em6 filmc413 6/23/69 kk CERTIFICATE OF DEATH |
| of the search | | ECEASED-NAME Type or print) C/12Abeth Katherine BRAZERO/ 20. DATE OF DEATH JUNE 12 1869 M |
| | 3 5 | EX 4 RACE 5 DATE OF BIRTH 6 AGE (In years 15 under 24 Mrs. |
| a sum | 7o. | SEPT. 1-188/ last birthday DAYS HOURS MIN BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 9. COUNTY OF DEATH |
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| ithin 24 on cope within 24 | 10 | CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital / 120 USUAL OCCUPATION (Kind of work agree 126 KIND OF BUSINESS OR give street address) 12 during mospig working life, even if retired IND.STRY |
| oe executed withing and completely fremove corbon in any event, with | 130 | ASJAL RESIDENCE (Where deceosed lived, if institution Residence before 3c (ITY OR TOWN) 13d INSDE (ITY AND NUMBER 136 COUNTY 136 COU |
| xecut I com nove ny ev | | D.C. WASHINGTON BY 709 QUINCY ST. N.E. |
| be ex | 1 | LEWIS M. BYRNES ANNIE CORCORAM |
| IAN: The law requires that the death certificate be executed within 24 hours after death all or othending physician. It is a seem signed by the attending physician and completely filled in by the funeral for use as the burial-transit permit. Then please remove corbon looper. Pages and the alth prior to burial, cremation, or removal, and in any event, within it hours are death. | 16a. | WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no. or Anknown) (Tyes give wor or dates at service) 5.79-57-3415 NATHRYNF, O'CONHELL 2024 HAYDEN RO. |
| n certh ng pt Then emov | - | 18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) |
| he death cer tatending p permit. The | | MMCDIATE CAUSE (a) CVA. |
| it the all the | | Candit ans, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Candit ans, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Candit ans, if any, which gave) |
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| IAN: ral or ficate for u | ICAL CER | 210. ACCIDENT WAS JNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A M. Month Day Year |
| G PHYSICIA The hospital This certifica defacthed fo | MEDI | (If either, not fy medicol examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While T. Not while T. OFF CE. BUILDING, ETC. |
| the deto | | at work at work |
| OR ATTENDIN be ratoined by DIRECTOR: After je 3 should be | | 220. I certify that (I) (thus hospital) attended the deceased from 1963, ta 6 /72, 1967, that (I) (we) lost sow the deceased alive on 6 / 1967; and that in (my) (our) opinion death accurred on the date and haur and from the |
| ATTE CTOR Shau | | 22c DATE SIGNED |
| L OR be r DIRE | | DEGREE PHYS DIRECTOR DIRECTOR PHYS |
| SPITAL 4 may IERAL I | | 122d PHYSIC ANS R. B. / REY 1161 M. H. lue Silver Spring Mel. |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retoined by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to | 230 | BUR AL CREMATION, 23b DATE 23c NAME OF CEMETRY OR CREMATORY 23d JOCAT ON (Cry or Town) (Country) |
| VR A15 (4) 45M - 1/69 | 24 | FUNERAL DIRECTOR I ARMEN J Callers ADDRESS 250 REC'D BY REGISTRAR 256. BEGISTRAR'S SIGNATURE |
| 43M - 1/69 | | 500 lineverety Blad W Silver Sorrey Md DATESUN 7 7 1960 Ochemila Que |



| 1 | | | 08762 | DIVISION OF VI | | W. PRESTON STI | | IH E, MARYLAND 21201 | | |
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| , , | | I | tem8 FilmG414 | | | TIFICATE OF | | _, | 0875 | 6 |
| death. | Seath. | X D | | .K.A.Eliza | r. &Bes | sie Breece | | DATE OF OFATH June June | Yeor | 2b HOUR |
| s ofter | | 3. SE | X Female | 4. RACE White | • | Jan. | RTH 26, 1896 | 6. AGE (In years last birthday) 73 YRS | IE UNDER 1 YEAR MONTHS OAYS | IF UNDER 24 HRS. HOURS MIN |
| 4 hour | Z | 7o. 1 | BIRTHP.ACE (State or Fareign vitry) New York | 76 CITIZEN OF WHAT | , ,,,, | ARRIED NEVER MAR | | NTY OF DEATH Prince Georg | els | Md |
| ted within 24 hours after death spletely filled in the peral corbon papers. | E#*14 | 10. (| ITY OR TOWN OF DEATH Cheverly | give stree | OF HOSPITAL OR INSTITUTION OF HOSPITAL OR INSTITUTION OF GEORGE | | 12a USUAL OCC | UPATION (Kind of work dane warking life, even if retired) usewife | 126 K ND OF | BUSINESS OR |
| executed v | event, | 13a adm | USUA. RES DENCE (Where deceasession) STATE Maryland | ed lived, if institution | Residence before 13c George's C | CITY OR TOWN | 13d INSIDE CTV JAITS? YES NO | 13e STREET AND NUMBER 6008 Inwood | st. | |
| e exe | in any | | ATHER'S NAME First Paul | Middle | Last | IS. MOTHER'S MA | AIDEN NAME First | Middle ttman | | Last |
| physician pleose | val, and | | WAS DECEASED EVER IN U.S. ARA | NED FORCES? 16 | 97 01 4576 | 17 INFORMANT Dolores | s B Schmid | Address dt Cheverly | | |
| The low requires that the death certificate attending physician. Not been signed by the attenting physician se as the burial-transit permit. Then pleas | State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 | | 18 CAUSE OF DEATH (Enter on | DUE TO, OR AS A OUE TO, OR AS A OUE TO, OR AS A (c) | rebral Hemo consequence of erebral Art consequence of eneralized | eriosclero Arterioscl | erosis | ON GIVEN IN PART 1(a) | APPROXIM BETWEEN OI | RATE HYER IA. |
| The low rattending hos been as the | th prior | CERTIFICATION | | | OPERATION WAS PERFORM | YES YES | . но 🗆 | 20b IF YES, WERE FINDINGS CAUSES OF DEATH? | | RTIFYING |
| pital or prititicate | ot Hea | 콩 | 21a ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, notify medical examin | H HOUR A.M. M | Nonth Day Yeor 19 | | | of injury in Part 1 or Part 2 | Item 18) | |
| G PHY the host this ce detache | e Dept. | W | at wark at wark | | CE BUILDING, EIC. | 21f. LOCATION Stree | | City ar Town | County | State |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The Poge 4 may be retained by the hospital or to FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us | h the Stal | | 22a. I certify that (I) (the saw the deceased a causes stated above | exhespital) attend tve on June (, (I) (we) (did) (did | ed the deceased fro 21196919 d nat) view the bady | im_5-16-69 _, and thot in (m ^o after death. | y) (obi¥apinion (| ta June 21 , 19 death occurred on the d | ote and hour o | (I)*We) last ind from the |
| D HOSPITAL OR ATTENI Poge 4 may be retained FUNERAL DIRECTOR: A director, page 3 should | tilled wit | | 226 SIGNATURE ROPUR. 22d. PHYSICIAN S | Sugla | ulas | OEGREE PHYS | DIRECTOR | STAFF D 22c | OATE SIGNED | |
| TO HOSPITAL Poge 4 moy TO FUNERAL I | old be | 200 | NAME(Type) Ingha | | M.D. | 570 | 1 85th Ave | enue Washingt | | |
| Poge direct | sho | | | ne 24, 196 | 9 Flushir ADDRESS | RY OR CREMATORY | y F1 | LOCATION (City or Town) | | N Y |
| VR A 45M | 15 [4] | 24 | FUNERAL DIRECTOR F. Gasc | h's Sons | Hyattsvil] | .e, Md. | JUN 2 5 | 1969 256 REGISTRAR | SIGNATURE | - |



| . 1 | | 1 | MAKYLAND STATE DEPARTMENT OF HEALTH | |
|---|--|-----|--|-------------------------|
| FOR S | TATE | -1 | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 8757 |
| HEALTH | | -1- | 1 PERFACES AVAILE | . V INC. LIQUE |
| | DLI I. | | (Type or Print) | |
| ay s | LEE \ | H | Larry D Brooks DEATH MATED 6-23-6 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years I F UNDER 14 MER 24 MRS 2c DATE PRONOUNCED DEAD | 9 199:50am M |
| delay MS Pa | (作) | | Male Negro 3-6-1955 ld YRS DAYS HOURS M.N Month 2004 6 | 9 9: 50amm |
| F 2. 9 | - <u>à</u> | | 70 BRATHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9 COUNTY OF DEATH | 7 17 7 : DOGITIM |
| | е De | | 1 Sets. Mi. U.S.A. WIDOWED DIVORCED Prince George's | Md |
| | 1 / I | | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work dame, 12b) | KIND OF BUSINESS OR |
| hours ofter death Item 18. Give Pages Office along with fac | 7 کی | 4L | Cheverly Prince George Hospital during most of working life, even if retired.) INDI | USTRY |
| Girlon | with the deoth. | 11 | 13a SUAL RES DENCE (Where deceased lived, functivition Residence before 13c CITY OR TOWN 13d historial state and humber Bo | x 10 ' |
| 18 0 | 12 w | 1 | odmission) SIATE Prince George's Brandywine YES NO Old Indianhead R | d. Rt3 |
| hours Item 18 Office | land2 after d | 'ا' | 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle | Lost |
| 24 ir s | | - | Chester Brooks Illiared Mitchell | |
| within pencil comine | | - [| 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, grunknown) (II yes give war or dates of service) [16b SOCIAL SECURITY NO. 17 INFORMANT Brooks - Same | |
| in pe | File 72 | - | | APPROX MATE INTERVAL |
| executed ending" in Medical E | permit. Fi | ı | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE (AUSE (a) Taceration of brain | BETWEEN ONSET AND CEATH |
| e execute pending" ef Medica | perit w | -1 | IMMEDIATE (AUSE (a) LACETATION OF Brain OUE TO, OR AS A CONSEQUENCE OF Trauma - auto accident | |
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| | o pu | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART I(a) | |
| certificate writing the revarded 1 | removal, and | | 2 | |
| W I I I | used | | 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF IN.JRY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter paturers Finance Inc.) Part 2. Immediant | 20. AUTOPSY? |
| ER: This certificate, ould be fo | | | TAS FERTAMENT | YES NO |
| iffic Id b | 교 | | | |
| NER Cer Thou | sho sho | - { | E (a.se of Death 6:39 pm 6-20- 1969 Passenger in car which went out of | |
| | your mes. loge 3 shou cremation, | | factory affire huldren etc.) | aunty State |
| EX. | | | AT WORK AT WORK Rt. 381 & Shortcut Rd., Brandywine, Prince George County, | |
| *CE CO | CTOR: F burial, | | 22a 1 certify that I taak charge of the remains described grove, held an Autapsy 🗷, inspection 📑 Inquiry 🗍, | ond in my opinion |
| is se cto | REC to b | | death resulted from Notural causes Accident , Suicide , Homicide , Undetermined monner | |
| please I direct | RAL DI | | ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b DATE SIGN | IFD. |
| UTY ory, | ERAI Pr | , | | 23-69 |
| o DEPUTY SIC. | o FUNERAL Heolth prio | ×. | NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) | |
| ne the | 5 ± 8 | - | 234 BURIAL CREMATION 23h DATE 23c NAME Q5 CEMETERY OF CREMATORY 23d OF CATION (City of Town) (Con | (Stote) |
| | ~ | 1 | Beenderwine Bathel Ch. Com. Beanderwine 1 | 1 Spo. 114. |
| | () | K [| 24 SUNFRAL DIRECTOR 250 REG STRAR S SIGN | |
| | A15ME [5] REV 1/68 | | Martell adams aquases, Md. DATE JUL 2 1989 geleane | as fridge |

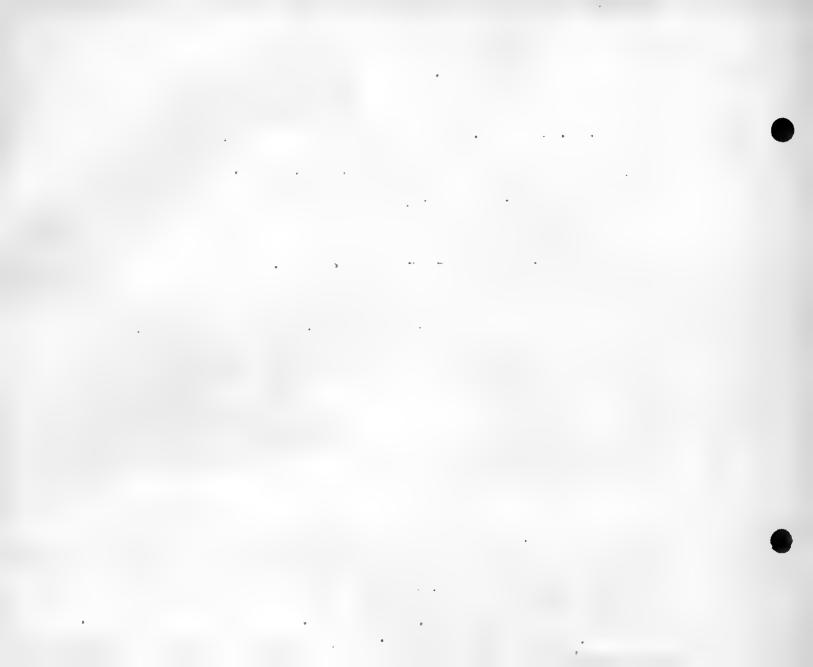


| | | 1 | | | | | E DEPARTMENT OF | | | | |
|----|--|---------------|--|-------------------|--|---------------|-----------------------------|------------------|--|----------------------|------------------------------------|
| 1 | | | 08764 | DIVISIO | ON OF VITAL RECORD | | PRESTON STREET, BAI | | ARYLAND 21201 | 0873 | 598 |
| 7 | - | | 17 17 27 | | | CERTIF | ICATE OF DEATH | | | 1004 | עציע |
| | £ _ 2 £ | | ECEASED NAME FIRST | | Middle | | Lost | 20. DATE C | DF DEATH | | 2b HOUR |
| | after death. he funeral ars 1 and 2 after death. | | Type or print) | | illes MY | | D | | Manth Da | | |
| | ir o | 3 9 | | arles 4 RACE | | | Brown S DATE OF BIRTH | | June 9 | 1969 FUNDER LYEAR | 8:30A M |
| | after after | | Male | | nite | | 07-27-04 | | lost birthday) | MONTHS DAYS | |
| | A SE | 70 | | _ | | | | | | | |
| | hours hours | ra. | BIRTHPLACE (State or foreign ntry) | /b CITIZE | N OF WHAT COUNTRY? | 8 MARRI | D 🔀 NEVER MARRIED 🗌 | 9 COUNTY O | IF DEATH | | |
| | 24 Pp. 24 24 24 24 24 24 24 24 24 24 24 24 24 | L | | | 57. | WIDOW | | Princ | e George's | | Md |
| | = <u>=</u> 78= | 10 | CITY OR TOWN OF DEATH | | 11 NAME OF HOSPITAL OR | NO TUTITZMI | finat in haspital 12a US | UAL OCCUPATIO | N (Kind af work done | 12b KIND OF | F BUSINESS OR |
| | MI KEEP AND | | Cheverly | | give street oddress) Geo | rge 's | Gen. Hosp during | most of work | g life even if settred) i | INDUSTRY | 1d: 20 |
| | under we seemt, | 13a | SUAL RESIDENCE (Where decen | sed lived, if | Institution, Residence before | e 13c CITY | | -4/ | TREET AND NUMBER | 1 ٧٧% | . 1 |
| | | adn | issian) STATE MD | 13h_C(| OUNTY Cince George | s Hvat | tsville YES | ko 🖂 | 13 Jeffers | CM | |
| | execution and campain any event | 14 | FATHER'S NAME First | | Addle Last | STITY | 15 MOTHER'S MAIDEN NAME | Firet | Middle | on Sire | |
| | An: The law requires that the death certificate be execute of ar attending physician and campirate has been signed by the attending physician and campifar use as the bugal-transit permit. Then please remaye theath prior ta burial, crematian, ar removal, and in any every | 1 | , ://iee | • | N =000 m | | .75 | renhire | halddafi | n. | lost |
| | physician a | 160 | WAS DECEASED EVER IN U.S. AR | MEN ENDIES | | V NO. In | INFORMANT | CONTROCA AS | | | * 447 5 4 |
| | S e e | 100 | (es, na, or unknown) (1 yes give | var or dates of s | t | | INFORMANI | 11 10 | Address | [27年411 | re, d. |
| | ph) | - | ivo | - | 139-05-3 | | . W. 1.LCa * 30 | 100 | ,3/:3 50%. | 2 7/2. | + oct |
| | attending p permit. The | | 18. CAUSE OF DEATH (Enter of | ly one cous | | | | | 1 | APFROX BETWEEN | ALMATE INTERVAL DNSET AND DEATH |
| | attendi permit. san, ar r | 1 | PART I DEATH WAS CAUSE | ATE CAUSE (| o Cere | bal | 7 L /h | nom | 00515 | 12 | HNS |
| | ern ern | | A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | TO, OR AS A CONSEQUENCE (|)F _ | 4 | 1/ | ~ | | |
| | t the | | Candit ans, if any, which gave | | | TRIUS | IVE CAXAL | O-VASC | ULAXI)1 | SAMSE | - /V2 - |
| | hat n. ny t ans em | 1 | rise to immediate cause (a), | DUE 1 | TO, OR AS A CONSEQUENCE (| | | | | | |
| 23 | d b | | stoting the underlying couse last. | | (c) | ,1 | | | _ | | |
| W | equires that the physician. signed by the bugal-transit burial, cremat | | PART 2 OTHER SEGNIFICANT CO | NDITIONS CO | ONTRIP IT INC. TO DEATH BUT | NOT PLATED | TO THE TENNINAL DISEASE OF | CONDITION OR | THE INCOMPANY AND A | | |
| 0 | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | TARE 2 OTHER STORINGARD CO | apittona Co | SHIKIBSTING TO DEATH BUT | MUL KEDATED | TO ETE TERMINAL DISTASE VI | CCOMBITION GIV | EN IN PAKT I(a) | | |
| 1, | The law reatending has been se as the through the throught the through | 5 | 19a DATE OF OPERATION 19b. | CONDITION | FOR MINELL ORPRITION WAS | 211001010 | Loo Autornia | | | | |
| 1 | The law attendin has bee use as what the prior t | 3 | TYO DATE OF DEEKATION 1790. | NOTTIONG | FOR WHICH OPERATION WAS | PERFURMED | 20a AUTOPSY? | f . I ca si | F YES, WERE FINDINGS (ES OF DEATH? | ONSIDERED IN (| CERTIFYING |
| | AN: The | CERTIFICATION | | | | | YES NO [| J | | | |
| | AN Cate | | 210 ACCIDENT WAS UNDERLYN | | TIME OF INJURY IR A.M. Manth Day Yes | 210 | HOW INJURY OCCURRED (Ent | er nature of inj | ury in Part 1 or Port 2, | Item IB.) | |
| | 可能指力を | MEDICAL | (If either, notify medical exami | | PM mainti bay te | 19 | | | | | |
| | OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate je 3 shavid be detached far u ed with the State Dept. af Hea | E | 21d INLURY OCCURRED 21e | PLACE OF I | NJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC | FACTORY) 21f | LOCATION Street or R.F.D. N | la. Eit | y or Tawn | County | Stote |
| | this be | | While Not while of wark | | E OTTICE BUILDING, EIC | 1 | | | | | |
| | ATTENDING stained by the CTOR: After I shauld be de uth the State | 1 | 22o. I certify that (I) (th | is hospito | ol) attended_the deced | sed from | UAN 19 | 67.10 | 6/9 19 | 6 / tho | t (I) (wal last |
| | A A A A A A A A A A A A A A A A A A A | | 220. I certify that (I) (the saw the deceased of | live on | 69 | 1967,0 | nd that in (my) (our) of | pinion deoth | occurred on the do | te and hour | and from the |
| | 98 99 1 | | couses stoted abov | e, (I) \(we | (did) (did not) view th | e body offe | r delpth. | | | | |
| | Man Graph | | 226 SIGNATURE | 7. | 7/ / | | FT F TTENENCE | 4450 | 22€ | DATE SIGNED | 1.0 |
| | be r | | Munin | 1 46 | and from | DE | GREE PHYS | MED DIRECTOR | STAFF PHYS | 6/9 | 164 |
| | A Page / | | 228 PHYSICIAN'S | n. 11 kg | 2 | | 22e ADDRESS | 9 | - | | 1 |
| | ERA ERA | | NAME (Type) / OAL Y | nAn | JANA! | かがい | AY 3503 | 1644 | 431 MT 4 | AIN) e | MIMA. |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law range of may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as whe shauld be filed with the State Dept. af Heat in prior ta | 23n | BURIAL CREMATION, 23b | DATE | 23¢ NAME C | CEMETERY O | R CREMATORY | 23d L0CAT | ON (City ar Town) | (Con equ) | (State) |
| | P Sp de A | | | 10 10 | 1060 7t | 0. 00 | | 21cd | a 42 45 - 12 | (County) | (3101e) |
| | 三二二 (水) | 284 | STIMERA DIRECTOR | | AADDI: | . 2 | loc prein | BY REGISTRAR | | 4 | |
| | VR A15 14 4 | 42 | en Carlly oyle | n Car | ter 811311 mount | Crass. | ESSTATE T | | 25b REGISTRAR S | | |
| | 45M - 1/69 | , | 1. 0: E 1 1 ph | CU. | 2 0077 | 1 | Jan 1 | 6 1969 | 1 Charle | y yearship | En ' |

NVI AND CTITE DE



| 1 | | 08765 | DIVISION | | | RTMENT OF HEA | ALTH Ore, Maryland 212 | 01 | |
|--|---------------|---|---|---|-----------------------------|--------------------------|---|---|---------------------------------|
| 1 | | | D1710101 | | ERTIFICATE | | ent, mantento 212 | 08759 |) |
| death death | | CEASED-NAME (ype or print) | First N orman | Middle | Lo: B ro | | 20 DATE OF DEATH J'M'e | 25 1969 | 2b HOUR 1:15PM |
| in the second | 3 SI | Male | 4 RACE Whi | ta | | of BIRTH /3/1898 | 6 AGE (in year last birthday) | S IF UNDER 1 YEAR MONTHS DAYS | IE UNDER 24 HRS HOURS MIN |
| in 24 hours of illed to by the papers. Page him 72 hours of the page of the pa | 70 | BIRTHPLACE (Stote or foreign | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIED NEV | ER MARRIED 7 | COUNTY OF DEATH | 's | Md. |
| within 2 ely filled ban pay | | ITY OR TOWN OF DEATH Cheverly | P ₂ | NAME OF HOSPITAL OR INS live street oddress) cince George | 's Gen. H | osp. 120 JSJA. C | OCCUPATION (Kind of work of working to even tret) | done 12b KIND OF INDUSTRY Bake | |
| camplet ove car | 13o. odm | USUAL RESIDENCE (Where dission) STATE MD | leceased lived, if insi 13b. COUNT Prince | intution: Residence before Y Ce_George_s | 13c, city or town Lando | AES NO THE LITTLE NO TO | Box 121 | | |
| in and see reminding on a | | | Middl .liam | Brown | | | mily | Nor | ris |
| rtificate physicie en plea | 160 | WAS DECEASED EVER IN U.S es, pg. or unknown) (If ye IVO | s give war or dates of service: | 166 SOCIAL SECURITY N 577-05-5 | | de N. Bro | Addr OWn (above | address) | |
| law requires that the death certificate be executed within 24f inding physician been signed by the attending physician and campletely filled is the burial-transit permit. Then please remove carban paper rar ta burial, crematian, or removal, and in any event, within 72 | | 18 CAUSE OF DEATH (Ent PART) DEATH WAS C | er only one couse pe AUSED BY MEDIATE CAUSE (o) _ | | | | vife) | AFPROXIN BETWEEN O | MATE INTERVAL NSET AND DEATH |
| at the d the att asst peri | | Conditions, if any, which g | (b) | | | | oli with infa | rction | |
| ures the ysician ned by rial-tror | | stoting the underlying co | DUE 10 (c)_ | OR AS A CONSEQUENCE OF | of lung | | D.T. Gib. Oliveri bis D4 DT 1/4 | | |
| The law requires the attending physician has been signed by se as the burial-tro the priar ta burial, cre | NOI | PART 2 OTHER SIGNIFICAN | | WHICH OPERATION WAS PER | | | 1206. F YES WERE FIND | DARCE CONCINENTS IN CONCINENTS | TOT CHILD |
| The Ic attent and a state of the state of th | CERTIFICATION | 216 ACCIDENT WAS UNDE | | | | AUTOPSY? YES NO | CAUSES OF DEATH? | | * COLUNG |
| 1YSICIAN: haspital ar is certificate tribed far us spt. of Healt | MEDICAL C | OR CONTRIBUTING CAUSE ((If either, notify medical e | pe DEATH HOUR A. | .M 19 | | | sture of injury in Port 1 or P | <u> </u> | |
| G PHY the ha r this or detach te Dept | -2 | 21d INJURY OCCURRED While Not while of work | | RY (AT HOME FARM, STREET, FAC OBEICE BUILDING FTC | | | City or Town | Viuro | Stote |
| OR ATTENDING PHYSICIAN: The be retained by the haspital ar atte SIRECTOR: After this certificate has a 3 shauld be detached far use a ed with the State Dept. af Health pr | | 22a I certify that (I saw the decease couses stated a | ed al ve on | attended the decease June_25 l <u>id)</u> (did nat) view the i | 9 <u>69</u> , and that | ın (my) (our) opinio | an death occurred on the | 2519 <u>69</u> , that he date and hour | (I) (we) last and fram the |
| OR AT | | 22b SIGNATURE | n 30 | oney | DEGREE P | TTENDING MED DIREC | CTOR STAFF D | June 20 | 611969 |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta | | 22d. PHYSICIAN'S NAME (Type) Do | on B. Came | eron, M.D. | 3 | e ADDRESS 503 Perry S | | | |
| | | BUR AL CREMATION, PROMOTE (Spenty) | 236 DATE 6/30/69 | Ft.Li | emetery or cremain nooln Co | em. | 3d LOCATION (City of Town | or, Md. | (State) |
| VR A15 14 45M 1/69 | 24. | funeral director Na.1 Home Inc. | lley's F | uneral ADDRESA | t.Raini arvland | er, 250 REC'D BY R | 2 1969 PEGIS | TRARS SIGNATURE | pe. |



| | | 1 | | MARYLAND STATE DEPARTMENT OF HEALTH | |
|---------------|---|---------------|--|--|---|
| | | | 00000 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
| | • | | 08766 | CERTIFICATE OF DEATH | 08760 |
| | 4 24 | | ECEASED NAME FI | rst Middle Last 20, DATE OF DEATH | 2b. HOUR |
| | where or ond | (| Type or print) | Month Day | |
| | 5 5 5 | 3 5 | EX MARY | 4. RACE S DATE OF BIRTH 6. AGE In years | 4 |
| | | 1 | | A STATE OF S | MONTHS DAYS HOURS MIN |
| | ours after death | 7 | rem. | While UHN, 2/, 1883 84 YRS. | |
| | 2 7.2 | | BIRTHPLACE (Stote or foreign | 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH | |
| | The Person | | NEW YOR | | Md. |
| | | 10 | CITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL OR NSTITUT ON (If not in hospital give street address) (Kind of work done give street address) | 126, KIND OF BUSINESS OR |
| | within 24 ho bon papers: within 72 ho | W | YATTSUILLE | give street dadress) C. A. R. C. J. M. M. A. Aduring most at warking life, even if retired.) | INDUSTRY |
| | d d | 13d. | SUAL RESIDENCE (Where deci | eased lived, 1 institution. Residence before 13c, CITY OR YOWN 13d INSIGE CITY LIM TS? 13e STREET AND NUMBER | |
| | completely completely with years, with | odn | ussian) STATE | 136. COUNTY YES NO YES NO 924 14 TA | CACE |
| | The second | 14. | FATHER'S NAME First | Middle Last Is. MOTHER'S MAIDEN NAME First Middle | 100 |
| | and comp remove in any eve | | 4 | Through the state of the state | LOST |
| | on ose | 160 | . WAS DECEASED EVER IN U.S. A | | NEBER |
| | Sicilar Pelenting | 190 | Yes, no, or unknown) [Yes gir | PREMIETO PROTOCO PER CANADA | |
| | ertificate be physicion c ien pleose ioval, and ii | <u> </u> | · F | 578-28-02954 SR. Christins 4922643 | |
| | | | 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU | only one cause per line for (o), (b), and (t).) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | requires that the death certificate be executed withing physician. I signed by the attending physician and completely fill burial-transit permit. Then please remove carbon a burial, cremation, or removal, and in any event, within | | PAKT I, DEATH WAS CAU | DIATE CAUSE (6) (Cifus co Schootfir / beauth when | 2ding |
| | affe on, | | 4 10 | DUE TO, OR AS A CONSEQUENCE OF | / / |
| | the the sit p | | Conditions, if ony, which gov | e) anterioteline Class Smalt Munin | E devisal gran |
| | s that the cian. I by the transit, cremat | | rise to immediate cause (a stoling the underlying caus | | |
| \mathcal{L} | es t sicia sicia sicia sicia il, a | | lost, | (c) | |
| N | equires tho physician. signed by t burial-trans | | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) | |
| 1 | | | Emph | A | |
| 1/1 | The law re offending has been use os the offen the prior to | NO. | 19a DATE OF OPERATION 119 | b CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 20b IF YES, WERE FINDINGS CO | Alexandra (II consection |
| | as b as b prior | E S | THE DAIL OF GLERAHOR | CHIEFE OF DEATING | INSIDERED IN CERTIFYING |
| | | CERTIFICATION | 21. ACCIDENT WAS UNDERLY | YES NO | |
| | AN: al or icate for u Heal | | 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING TO CAUSE OF D | | tem 18.) |
| | HYSICIAN hospital certifical certifical certifical certifical for the formal part, of He | MEDICAL | (If either, notify medical example of the control o | miner) P.M. 19 | |
| | IDING PHYSICIAN: 1 by the hospital or After this certificate 1 be detoched for us State Dept. of Healt | ₹ | 21d, HURY OCCURRED 21 | e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21F LOCATION Street or R.F.D. No. City or Town | County State |
| | | | While Not while of wark | | |
| | ATTENDING stained by th CTOR: After t should be da iff the State | | | this hospital) affended the deceased from June 19 60 to June 21, 195 | that (I) (we) last |
| | S d l | 1 | saw the deceased | glive on | re and hour and from the |
| | OR of the | | | ve, (I) (we) (did) (did nat) view the bady affer death. | · |
| | OR ATTENI be retained JIRECTOR: / e 3 should ed with the | | 22b. SIGNATURE | ATTENDING TO MED TO STAFF TO 220 D | IATE SIGNED |
| _ | TAL OR moy be re RAL DIRE. poge 3 be filed w | | Juli | and There DEGREE PHYS. DIRECTOR PHYS. D. G | -30-69 |
| | E S E S | | 22d. PHYSICIAN'S | 22e. ADDRESS | |
| | SPITAL 4 moy IERAL or, poy Id be fi | | NAME (Type) / TIC | 1ARD F. Show MU 4637- Eustern Un. | |
| | O HOSPITAL OR ATTEN Page 4 moy be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the | 230 | BURIAL CREMATION, 23b 2 REMOVAL (Specify), | DATE , 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) | (County) (State) |
| | 0 0 0 ig 42 | K | REMOVAL (Specify) | 7/3/1969 SX MAN 43 Pro- 1 6 Pa | . Un |
| | | 24 | FUNERAL DIRECTOR | APPORESS 7 250. REGISTRAR 210 REGISTRARS | SIGNATURE |
| | VR A15 (4) 45M 1/69 | 4 | Milludy | 13/-11/4-St. S. S. D. CA DATE 7 19691 golion | Man Quesan |
| | | 1 | ances, | C DATE | |



| -, - | | 00808 | DIVISION OF VITAL RE | | | ALTIMORE, MARYLAND | 21201 |
|--|----------------|---|---|----------------------------|------------------------|------------------------------------|--|
| a (Ai) | | 08767 | | CERTIFICA | TE OF DEAT | H | 08757 |
| death. | | ECEASED NAME (ype or print) | st Mude | ile Dido | Lost | 20. DATE OF DEATH Month | Doy 3 Year G 300 |
| requires that the death certificate be executed within 24 haurs after death physician signed by the attending physician and caraletely filled in by the fune all signed by the attending physician and caraletely filled in by the fune all signed by the attending physician and caraletely filled in by the fune all signed by the attending physician and in any event, within 72 haurs after death a burial, crematian, ar remayal, and in any event, within 72 haurs after death | 3. 5 | * Temale | 4. RACE | | DATE OF BIRTH | 6. AGE (In lost birt) | yeors IF UNDER , YEAR IF UNDER 24 HRS. Hours MIN' YRS. |
| bing PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after by the haspital or attending physician (for this certificate has been signed by the attending physician and caraptetely filled in by the fur be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 State Dept. af Health prior ta burial, crematian, ar remayal, and in any event, within 72 haurs after | | BIRTHPLACE (State or foreign ortry) | 7b. CITIZEN OF WHAT COUNTRY | ? 8. MARRIED WIDOWED | NEVER MARRIED DIVORCED | 9 COUNTY OF DEATH | / |
| Illed oppose | 10. | ITY OR JOWN OF DEATH | III NAME OF HOSPI | TAL OR INSTITUTION (If not | | USUAL OCCUPATION (Kind of w | vark dople 12b. KIND OF BUSINESS OR |
| within the firm of with | 20. | Irream 1. | give street oddress | LIA GARRY | during | g most of working life, cover to | of retulad.) INDUSTRY |
| carable ove ca | odm | ssion) STATE M. | ased lived, if institution Residence 13b. COUNTY | Kerra Truet | YES C | NO 68787 | JUMBER V WEEKLE F.J. |
| ex ex an | 14. | ATHER'S NAME First | Middle / | Last/ 15 | MOTHER'S MAIDEN NAM | ers i i | Middle Last |
| e be an a ase | 1/- | ALBEKI | JUSHFE | LD | EVA_ | RUNK | |
| rtificat ohysici on plec ival, ar | | WAS DECEASED EVER IN U.S. A les, no, or unknown) (If yes giv | e wor or dates of service) 13 (2 5 | | ormani 6 MAS 10 | 1. BUCHER | AddresSAME AS #13 |
| ing F | | 18. CAUSE OF DEATH (Enter PART DEATH WAS CAUSE | anly one couse per line far (o), (b) | , ond (c).) | | | APPROXIMATE INTERVAL BETWEEN DISET AND DEATH |
| mit. | | IMMEI | DIATE CAUSE (0) | TRI TAILL | 163 | | |
| he att per tian, | | Conditions, if any, which gave | DUE TO, OR AS A CONSEQU | JENCE OF | | | |
| at Insiting | | rise to immediate cause (a) |), ((b) | IENCE OF | | | |
| # E 4 5 2 7 | | stating the underlying coust lost. | e DOE TO, OK AS A CONSEQU | JENCE OF | | | |
| physician the physician signed by burial-tra | | PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO DEAT | TH BUT NOT RELATED TO | HE TERMINAL DISEASE | ORCONDITION GIVEN IN PART 1 | 1(0) |
| The law re attending has been se as the lth prior take | l _s | | | | | | |
| S bed | CERTIFICATION | 19a. DATE OF OPERATION 19 | b. CONDITION FOR WHICH OPERATIO | N WAS PERFORMED | 20o. AUTOPSY? | 20b. IF YES, WERE CAUSES OF DEATH? | FINDINGS CONSIDERED IN CERTIFYING |
| E E E S S E X | E E | | | | | | |
| PHYSICIAN: e haspital or his certificate stacked far u Dept. af Heal | | 21a. ACC DENT WAS UNDERLY DR CONTRIBUTING CAUSE OF DI | EATH HOUR A.M. Manth Do | | / INJURY OCCURRED (| Enter noture of injury in Port | ar Part 2, Item 18) |
| HYSICIA haspital s certific tched fa ached fa | MEDICAL | (If either, natify medica: exor 21d INJURY OCCURRED 21 | niner) P.M. | STREET FACTORY) 216 1000 | ATION Street or D.C.D. | . No City of Town | County State |
| Page 4 may be retained by the ho • FUNERAL DIRECTOR: After this of director, page 3 should be detact | | of work of work | e. PLACE OF INJURY (AT HOME FARM DEFICE BUILDING | | | | , |
| ATTENDING stamed by the CTOR: After I should be dith the State | | 22a. I certify that (i) (i | this hospital) attended the | deceosed from | - 3 , 1 | 9.69, to 6 - 5 | on the date and hour ond from the |
| R. A. A. S. A. S. | L | canses stated apo | ve, (1) (we) (did) (did nat) vi | ew the body ofter de | ath. | apinion death accurred (| on the date and hour ond from the |
| OR ATTENIOR DE retamed SIRECTOR: 4 | 1 | 22b SIGNATURE | 1 | | ATTENDING | MED STALE | 22c DATE S GNED |
| OR DIR | | -ten 1 | July kil | DEGREE | PHYS 🗀 | MED STAFF DIRECTOR PHYS. | 1,10 3,96% |
| O HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld | | 22d. PHYSICIAN 5 NAME (Type) | V LENTSEN | 17/1) | 22e. ADDRESS | WHITER MA | ARULANA |
| IOSE UNNE Schar | 23a | BURIAL, CREMATION, 236 | D. DATE 23C. | NAME OF CEMETERY OR CI | | 23d_ LOCATION (City or 1 | Town) (Caunty) (State) |
| Page 10 FUN Page 10 FUN Page 10 FUN Page 10 FUN Page 11 Page 1 | K | REMOVAL (Specify) N J | h) / A1 /3 / | EDAR HIL | LCEM | SUITLAN. | D. MARYLAND |
| VR A15 | 24 | EUNERAL DIRECTOR | 05 | ADDRESS | AD 250 REC | D BY REGISTRAR 254 | REGISTRAR'S SIGNATURE |

MAKTLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08762 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Eirst Middle 20 DATE KNOWN Month 26 HOUR (Type or Print) ESTI-10.40 DEATH MATED [IF UNDER 24 HRS 2d HUMM 4. RACE 3 SEX 2c DATE PRONOUNCED DEAD and B3. W Aug.17, 1930 6918/69 Doy 10.40 M 70 8.RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED IN NEVER MARRIED 9 COUNTY OF DEATH DIVORCED [Princes Georges WIDOWED [North Carolina JO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USJAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR Office olong with during most of working Life, even if retired.) INDUSTRY Bradbury Hgts. Give J3d. INSIDE CITY LIMITS? 130. LSUAL RESIDENCE (Where deceased lived, Finst tut on Residence before 13c CITY OR TOWN 13e. STREFT AND NIIMBER 13b. COUNTY Prince Georgaradbury Hgt & X NO ... 5210 T and 2 ofter 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Middle George H. Oliver Ola Moore Exominer's hours ADDRESBradbury, Hgts.Md. 16h SOCIAL SECURITY NO. 17 INFORMANT be executed within (Yes, more unknown) Charles A. Butler, 5210 T.St.S.E. within 72 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) event DUE TO, OR AS Conditions, if ony, which gove rise to immediate cause (a). shauld word stoting the underlying couse <u>_</u> forwarded to and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) removal, CERTIFICATION 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate, 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) phoods PRIMARY OR CONTRIBUTING HOUR A.M. DICAL CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F.D. No. City or Town County Stote factory, office building, etc.) WHILE HOT WHILE T 22a. I certify that I took charge of the remoins described above, held an Autopsy 12. Inspection 15. Inquiry 2. and in my apinion Suicide X death resulted fram: Natural causes Accident . Hamicide Undetermined manner CHIEF MED CAL EXAMINER ACTUAL may be re 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE Health NAME (Type) ADDRESS(Street, city, fown, or county) the 230 8 RIAL CREMATION 23b DATE 23d. (OCATION (City or Town) Oliver Cemetery Pine Level. N. C. 2SO REC D BY REGISTRAR Wilhelm Funeral Home, Suitland, Md VR A15ME (5) TOM REV 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH



| | Δt | em/ FilmG413 | DM OF WITH DE | | DEPAKIMENI I | | DVIAND 01001 | | | |
|--|---------------|--|------------------------------|-----------------------------|--|-----------------------------------|---------------------------|---------------------|----------------|------------|
| FOD CTATE | 6/ | 16/69 kh 876 | ON OF VITAL RE | | RESTON STREET, B | | | | 08763 | D |
| FOR STATE | | 0010; | | | S'S CERTIFICA | | | | 0010 | |
| HEALTH DEPT. | | CEASED-NAME Fi | rst | M-ddle | Los | 1 | 20 DATE KNOWN OF ESTI- | Manth | Day Year | 2b HOUR |
| oy is 3 to Page | | Cat | therine | Virgin | | rne | DEATH MATED | 0 6-4-6 | 59 192: | DOam M |
| 5 5 5 A | 3 5 | X 4 RACE | S DATE OF BIRT | | (n years F JNDER YE erthday) MONTHS DA | EAR IF JNDER 24 HR AYS HOURS M | ZI. DAIL IKOHOOI | | | 2d HOUR |
| 2, and 3 t | Fe | male White | 8-24-19 | | YRS | , , , , , , , , , | Month 6 | Day | 69° 19 2: | 00amM |
| 2,7 L | | IRTHPLACE (State or foreign | 76 CTIZEN OF WHA | | , MARRIED NEVER | R MARRIED . 9. | COUNTY OF DEATH | | | |
| form form | caกบ | (Yirginia | USA | | WIDOWED | DIVORCED T | Prince Geor | rgale | | Md |
| ath age age ih i | 10. (| TY OR TOWN OF DEATH | 11 NA | | STITUTION (If not in bos) | pital 12a USUA. | OCCUPATION (Kind of | f work done | 12b KIND OF BU | INESS OR |
| after death Give Pages 1, aiong with farm with the State Deeath. | ١ | heverly | give st | reet address) nce George | Hoenital | gating wo | st of working ife, eve | n if retired) | INDUSTRY | |
| Giv Sing | 13o | USUAL RESIDENCE (Where dece | eosed lived, if institut | tion Residence before | 13c CITY OR TOWN | 13d INSIDE CITY LIMITS | 13e. STREET AND I | NUMBER | | |
| s after 18 Gi along 2 with death. | 0 | mission) STATE Mary Land | Prince G | eorge's | Bowie | YES NO | □ 2611 Ker | nison | Lane | |
| hours after death litem 18 Give Pag Office along with 1 and 2 with the Sta after death. | | THER'S NAME First | Middle | Lost | 15 MOTHER'S | MAIDEN NAME F | ırst | Middle | Los | , |
| | | James | | Nash | | Na | omi | | Smallwo | od |
| miner s miner s pages haurs | | VAS DECEASED EVER IN U.S. ARME | D FORCES? | 16b SOCIAL SECURITY NO | 17. INFORMANT | | AD | DRESS | | - |
| | () | is, na, or unknown) (It yes g | ive wor or dates of service) | | Betty ! | M. Kinser | 2611 Kenn | ison La | a. Bowie | .Md. |
| | | 18. CAUSE OF DEATH (Enter | only non course need | se for (a) (b) and (c)) | | | | | APPROXIMAT | INTERVAL |
| uted grii kral m.t. | | PART I DEATH WAS CAU | SED BY: | leart failu | ma | | | | over | Bomin. |
| xec ndin Med Med | | / IMME | DUK TO OP | WE W COMMENTENCE UP | Arterioscl | erotic he | art diseas | 20 | | yrs. |
| uld be executed rard "pending" in the Chief Medical Eal-transit permt. Each event within | | Canditions, if any, which gave | 2) | A CONTROLICE OF | MI OCITOGOT | OT OOTO HO | aro discar | | Over | y 1 0 0 |
| F F F F F F F F F F F F F F F F F F F | | rise to immediate cause (a) stating the underlying couse | | AS A CONSEQUENCE OF | | | | | | |
| shauld be executive ward "pending" to the Chief Medical burial-transit permit in any event with | | lost. | | | | | | | | |
| | | PART 2. OTHER SIGNIFICANT CO | (c) | NO TO DEATH BUT NOT | PELATED TO THE TOPM N | IAI DISCASS OD COMP | NITION C.UEN IN DADT I | 1(-) | | |
| certificate writing th rwarded ssed as a | | | Over | Yr. | CLOSED TO THE TERMEN | AT DISEASE OR COMP | IIION CIVEN IN FAKT I | ,(u) | | |
| Sed Afriting | TION | 19a DATE OF OPERATION | | 19b. CONDITION FOR WI | HICH OPERATION | | - | | 20. AUTOPS | Y? |
| is certifi te, writir farward e used a | FICA | | | WAS PERFORMED? | | | | | YES | NO 5d |
| Pe Pe | CERTIFICATION | 21a EXTERNAL CAUSE WAS | 216 TIME OF I | N. JRY Manth, Day, Year | 21c HOW INJUR | Y OCCURRED (Enter r | noture of injury in Part | 1 or Port 2. Its | i hand | (2) |
| INER: e certifi shauld files: 3 shauld nat an, c | | PRIMARY OR CONTRIBUTING | HOUR A.M | l. '' | | | | | | |
| (AMINER: te the cert te 4 shavil raur files. age 3 shav cremat an, | MEDICAL | CAUSE OF DEATH 21d INJURY OCCURRED 21d | P.N PLACE OF INJURY (A | 4. | 21f. LOCATION SI | treet or R.F.D. No. | City or Town | | County | Stote |
| examilate the the yaur yaur Page ; crem | | WHILE WOT WHILE | factory, office building | j, etc.) | | | City of Town | | | 31010 |
| ~ _ D) ~ ~ ~ . | | | 1 4 - 1 - 1 - 1 - 1 A | | 1 1 1 11 | | i , 50 | 1 1 - | , , , | |
| se execuentar Parental for Pare | | 220 I certify that | | | | , , | Inspection X, | | | ny opinion |
| | | deoth resulted from: | Nothrol cous | es 😿 , Accident | , Suicide | | | ed manner | | |
| 음등 등 등 | | ACTUAL A | 4/90 | land. | | CHIEF MEDICAL EXAL | | 00) 0475 (| CLONES | |
| | | SIGNATURE | 1115 | <i>V</i> . / | M.D. | ASSISTANT MEDICAL | | 22b. DATE \$ | -L1-69 | |
| DEPUTY ecessary, please the funeral dire may be retain FUNERAL DIRE ealth priar to | | EXAMINER'S NAME (Type) Tohn | 77 1 300 | 70 f 3 f | 363 | ADDRESS(Street, city | | 0 | -4-09 | |
| ro DEPUTY necessary, i the funeral 5 may be r 10 FUNERAL Health prin | 22. | 7 0 0111 | Kehoe MD | Riverdal | .e. Md. EMETERY OR CREMATOR | | | T | 16 | |
| 7 - 4 5 2 4 | 230 | BURIAL (REMATION, 23 REMOVAL (Spready) Burial | | | | | 23d. LOCATION (City or | | | state) |
| | 24 | DUFTAT | Jun. 6, 19 | 69 Amnanda | ale Methodi | | Annandale | | | |
| VR A15ME (5) | <u></u> | FUNERAL DIRECTOR Grand | Lex - vain. | To Alam | | , AUN J | 0 1969 25h | DEB STRAR'S S | Los de | - |
| 10M REV 1/68 | C | inningham Fune | rai nome, | Inc. Alexa | andria, va. | • DATE | 11 | | 11 10 | |



| | | It | PILM414 7-25-6MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|--|---------------|--|--|
| 100 | | I | tem#6, FilmG414 7/7/69 km CERTIFICATE OF DEATH | 08764 |
| -5 | £ 124, | 1 D | ECEASED NAME First Middle Lost 20 DATE OF DEATH | 25 HOUR |
| -6 | and 2 | _ | (YPE OF PRINT) GUY A. CALKINS JUNG Manth 23 DOY / | 969 /A M |
| 10 to | | 3. 5 | MALE WHITE 12-4-1888 BORN YRS. MC | FUNDER YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS M.N. |
| | | 70. cau | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED NOTICE PRINCE GEO. | RGES, Md. |
| 2 | within pap | 10. | TTY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done | 125 KIND OF BUSINESS OR INDUSTRY |
| 100 | | 120 | KEEN PELI (OKER) BETT CONV. CENTER TOOL MAKED | 11000101 |
| 1 | and amy event | Ŀ | issian) STATE MD. 136 COUNTY: 125-20 LAWRAL YES NO 13622 SAN | TA ANITA CA |
| | and rem | | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle | Last |
| _£ | ion (on or | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16th SOCIAL SECURITY NO. 17 INFORMANT Address | |
| , | hysic n ple | , | (85, no, or unknown) (if yes give war or dotes of service) 043-10-2689A Inly Calkins Braun | |
| nomiting that that the section of the second subjects | physician physician and (consider the exercision of the signed by the attending physician and (consider the physician and burial, trematian, ar remayal, and in any burial, trematian, ar remayal, and in any | | 1B. CAUSE OF DEATH (Enter only one couse per nine for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUSE: CLEATURE TO SEE THE PROPERTY OF THE PROPER | APPROXIMATE INTERVAL BEDMEN OBSET AND DEATH |
| - | affer on, a | | 1770 DUE TO, OR AS A CONSEQUENCE OF | |
| ÷ | the saft | | Conditions, fory, which gave (b) Primary: G I or pulmonary (ise to immediate cause (a). | |
| 4 | ian. I by tran | | stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| | physician. signed by the burial-transit p | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| | is of the but | _ | THE STREET CONTINUES CONTINUES CONTINUES TO SELECT OF THE FEMILIAN DISCUSSION OF THE THE THE THE | |
| 7. | Page 4 may be retained by the haspitan ar attending physician. S FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-traishauld be filled with the State Dept. af Health priar ta burial, tre | CERTIFICATION | 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH? | SIDERED IN CERTIFYING |
| 2 | haspital ar haspital ar certificate sched far us spt. af Healt | | 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 11e) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year | m 18.) |
| | spitch entification is a function of the funct | MEDICAL | (If either, notify medical examiner) P.M. 19 | County State |
| 2 | this chart | | 21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) OFFICE BUILDING, ETC 21f. LOCATION Street or R.F.D. No. City or Town | count 2:0se |
| ٤ | by th by th fter the be de State | | 22a. I certify that (1) (this hospital) attended the deceased from the first 196, to first 23a, 196 saw the deceased alive an first 22a 1967, and that in (my) (our) opinion death accurred an the date | , that (I) (we) lost |
| - | R: At Did I he S | | saw the deceased clive an (w/) (did) (did nat) view the bady after death. | and hour and fram the |
| - 6 | be retained DIRECTOR: A B 3 shauld ed with the | | 22s, SIGNATURE | TE SIGNED |
| 6 | DIRE DIRE 3e 3 ded w | | DEGREE PHYS. STAFF C 6 | 27.67 |
| THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE S | Page 4 may be retained by the role of the retained by the role of | | 22d. PHYSICIANS NAME (Type) TIL BEREGERMANN GREENBEIT PROF BUILDI. | NC, COREEN BE |
| 1 | FUN FUN Fund Faul | 23a | BURIAL CEMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. OCATION (City or Town) | (County) (State) |
| F | = = = | 1 | June 10,110 / Fair Ore a free Critary | |
| | VR A15 (4) 30M REV. 1/68 | 1 | FUNERAL PRECTOR 256 REGISTRAR 256 REGISTRAR'S SIGNAL 2 1969 REGISTRAR'S REGIST | Judge. |



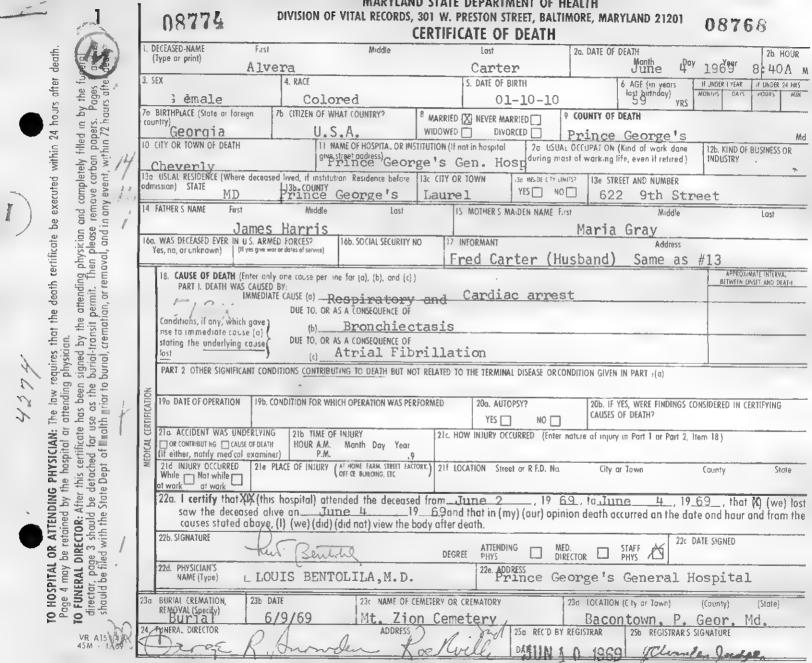
| 1 | | | | PAKIMENI OF H | | | | |
|---------------|--|--|--------------------------|----------------------------------|----------------|--------------------------------------|-------------------------------|------------------|
| L | 08771 | DIVISION OF VITAL RECOR | | TON STREET, BALTI TE OF DEATH | MORE, MAR | YLAND 21201 | 0876 | |
| ┝ | DECEASED-NAME Firs | t Middle | CENTIFICAT | lost | 20 DATE OF | DEATH | 0810 | 2b. HOUR |
| | (Type or print) EVA | LEE | CAMPBE | | JUN | Month 26 | Doy 69 Year | 2:25 A |
| 3. | | 4. RACE | | DATE OF BIRTH | 10011 | 6 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| | FEMALE | CAUCASIAN | 2 | 4 JULY 18 | 75 | last birthday) 93 YR | S. MONTHS DAYS | HOURS MIN |
| 70 | BIRTHPLACE (State or foreign | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED | HE FER INAUK/CD | 9 COUNTY OF | | | |
| | GA | U.S.A. | WIDOWED K | DIVORCED 🗌 | | GEORGI | | Md |
| | CITY OR TOWN OF DEATH ANDREWS AFB | (| ROW USAF | HOSP dur north | USEWI | Kind of work don Leven if retired | 126 KIND OI INDUSTRY NA | F BUSINESS OR |
| 13e adr | I. JSUAL RESIDENCE (Where decen | ased lived/ if institution: Residence bel | BOLLING | | | WESTOV | ER AVE | |
| 14 | FATHER'S NAME First JA | MES Middle THOMASSON | | OTHER S MAIDEN NAME FI | rst | Middle | | Lost |
| L | XICE CONTROL X | AMERICANA REPORTED TO | | AMANDA | FRA | NCES | BLALOC | K |
| 16 | O WAS DECEASED EVER IN U.S. AF | RMED FORCES? 16b. SOCIAL SECUI | | | DDCCC | Address | TOTAL | 417.0 |
| = | 1.0 | | | IAM B CAM | PBELL | SAME AS | APPRO | #13 |
| | PART I DEATH WAS CAUS | only one cause per line for (a), (b), and | (c).) | Becom | | | BETWEEN | ONSET AND DEATH |
| | 4123 IMMED | DUE TO, OR AS A CONSEQUENCE | :05 | 10000 | | | 30 | MIN |
| L | Conditions, if any, which gave | A S | SHO | | | | 30 | 785 |
| | rise to immediate cause (a), stating the underlying cause | OUE TO, OR AS A CONSEQUENCE | | | | | | |
| | last. | (c) | | | | | | |
| | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBLTING TO DEATH BE | UT NOT RELATED TO TH | E TERMINAL DISEASE ORC | ONDITION GIVEN | IN PART I(o) | | |
| NO | IN BATT OF ORTHUND | COMPLETE AND ADDRESS OF THE PARTY OF THE PAR | C DEPENDING | en Augobern | 1001 15 | VIC MENT PAIDING | C CONCIDENCE IN | CERTIFYING |
| CFRTIFICATION | 190 DATE OF OPERATION 199 | . CONDITION FOR WHICH OPERATION W | AS PERFURMED | 20a. AUTOPSY? YES ☐ NO 🔀 | CALISES | YES, WERE FINDING OF DEATH? | 2 CONSIDERED IN | CEKTIFTING |
| CFRT | 21a ACCIDENT WAS UNDERLY | ING 216 TIME OF INJURY | 21c HOW | INJURY OCCURRED (Enter | l l | v in Part 1 or Part | 2. Item 18.) | |
| MEDICAL | | ATH HOUR A.M. Month Doy | | (61141 | | | -, | |
| MFD | While Not while | | ET, FACTORY 1 21F . OCAT | ON Street or R.F.D. No. | City | or Town | County | Stote |
| | 22a. I certify that (3): (1 | his haspital) attended the dec | eased fram 30 | Jun , 196 | 9 , ta | 26_Jun | 19_6.9_, the | Itx(t) (we) la: |
| | causes stated abay | ve,≱t) (we) (dist) (did nat) view | the bady after dea | th. | nian deam d | ccorreg on the | aare ana nou | rana tram th |
| | 22b. SIGNATURE | FILD | 0 | | ED 🗖 | STAFE 2 | 2c DATE SIGNED | |
| | Fe | eland V OO | DEGREE DEGREE | PHYS. DI | RECTOR . | STAFF PHYS | 26 Jun | 69 |
| | PHYSICIAN'S NAME (TYBEONAR | D FARBER CAPT | USAF MC | 22e. ADDRESS MALCOLM G | ROW US | SAFHOSP | ANDREW | S AFB |
| 23 | | | OF CEMETERY OR CRE | *** | | N (City or Town) | ((ounty) | (Stote) |
| | REMOVAL (Specify) | 6/29/69 Carr | ollton Cen | | 4 | ollton Ge | 1 17 | , |
| 24 | . FUNERAL DIRECTOR ROBER | T E WILHEIM FUNER | FAL HOME | 25a. REC'D B' | Y REGISTRAR | 25b. REGISTRA | R'S SIGNATURE | lat. |
| | 4308 SUITIAN | D ROAD, SUTTLAND, | MARYIAND | DAMUN | 3 0 198 | S Acres | man had | 7 |



| 1 | 1 | MAKYLAND STATE DEPARTMENT OF HEALTH OR 779 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|------------|--|----------------------------------|
| FOR STATE | | 08772 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08766 |
| HEALTH DEPT. | | PECEASED NAME First Middle Concome Lost 20 DATE KNOWNET Month | Day Year 25 HOUR |
| loy is 3 to Poge ent of | (| Type or Print) Elvira Sylvia Of ESTI- DEATH MATED X 6 | 12 1969 1:00 AM |
| Po . Po | 3. 5 | EX 4 RACE S DATE OF-BERTH 6 AGE (in years 1 if JADER 1 YEAR 1 IF JADER 24 HRS 2c. DATE PRONOUNCED DEAD | 2d HOUR |
| ny delo 2, and PM3. P | _ | Female hite 16 2 1/928 40 YRS. | Year 1969 1:40 A.M. |
| ny deloy is 1, 2, and 3 torm PM3. Pog | 7a caur | BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH OTHER STATES A WIDOWED DIVORCED PRINCE George | |
| des for | 10.7 | Hew Tork U.D.A. | Md |
| Poge with f | l' | The second of the second secon | 126 KIND OF BUSINESS OR INDUSTRY |
| Give Give ing h | 130 | USUA. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY JUNIOR 13e STREET AND NUMBER | Own Home |
| INER: This certificate should be executed within 24 hoors after death the certificate, writing the word "pending" in pencilfin item 18. Give Pages 1, should be forworded to the Chief Medical Examiner's Office/along with form files. 3 should be used as a burial-transit permit file pages I and 2 with the State Depart on an ony event within 72 hours after death. | 0 | drussion) STATE Md. 13b (OUNFrince George B owie YES IX NO 13114 Oval Lan | e |
| ond Officer | 4 | ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle | Last |
| X = 27 | | William Aubrey Elvira | Thomas |
| nrid/in nine(s poges hours | 160. | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (es, na, or unknown) (If yes give wor or dates of service) | |
| Exam File | - | no legislation 123 20 1335 Edward F. Cangeme Same as | # 13 APPROXIMATE INTERVAL |
| be executed with pending in pending in pendical Examinef Medical Exaministipermit File event within 72. | | 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b) and (c) PART 1. DEATH WAS CAUSED BY | BETWEEN ONSET AND DEATH |
| executed nating in Medical permit nt within | ı | IMMMEDIATE CAUSE (a) Taccration of brain X / 4 / DUE TO, OR AS A CONSEQUENCE OF | |
| oe e per ief / ief / | L | Conditions, if only, which gave | Min |
| E E E E E | | stating the underlying couse (a) (b) Compound skull fractures DUE TO, OR AS A CONSEQUENCE OF | |
| should be en word "per on the Chief" burial-transit | | last (c) | |
| s o b | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| This certifico ricote, writing be forworded do be used os or removal, o | 8 | 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION | 20 AUTOPSY? |
| S N N N N N N N N N N N N N N N N N N N | FICAT | WAS PERFORMED? | YES NO EX |
| INER: This certil certil certil certil certil certil carbould be forward files. 3 shauld be used of an, or remova | CERTIFICAT | 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Inc. | |
| ertif ertif ould an, | MEDICAL | PRIMARY TO CONTRIBUTING HOUR A M. 1219 69 Pedestrian struck by car. | , |
| | E E | 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. (Hy or Town | County State |
| bical ExamineR lease execute the cer director. Page 4 shoul stained for your files. DIRECTOR: Page 3 sha r to bur ol, cremot an | | WHILE AT WORK AT WORK AT WORK TO Street At 3 near rt 197, Bowie Prince George | Co. Md. |
| - 9 4 5 K 9 16 | | 220. I certify that I took charge of the remains described above, held an Autopsy, Inspectionx Inquiryx | . , |
| Se exerctor. Property for the formed | | death resulted from: Natural couses, , / Accident Dat Suicide , Hamicide , Undetermined monner | |
| TY Slease y, please and direct one retained the proof to be proof to be proof to be proof to be seen to be see | | ACTUAL CHIEF MEDICAL EXAMINER C | LICATED |
| JTY iny, erol be be RAL Pr | | SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | -14-69 |
| ro DEPUTY SICA necessary, please extended the funeral director. 5 may be retained to FUNERAL DIRECTOR. Hea th pr.or to buy | | NAME (Type) John Kende, M.D., Riverdale ADDRESS(Street, cty, town, or county) | |
| the the Her | 230 | BURIAL CREMATION, 35 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) | (County) (State) |
| | | rial 6/16/69 Ft. Lincoln Colmar Manor | P.G. Md. |
| An areas colo | | FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 25b REGISTRARS | GNATURE |
| VR A15ME (5) 10M REV 1/68 | F | rancis Gasch's Sons Hyattsville, Md. MIN 19 1009 Music | is Judges |



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· 3 . .

| • | | 118 (C) DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARTLAND 21201 + 77 67 69 | Cr |
|--|-----------------------|--|---|
| FOR STATE | | 6/20/69 kk MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08769 |
| HEALTH DEPT., | | ECEASED-NAME First Middle Lost 20 DATE KNOWN Month Type or Print) OF ESTI- | Day Year 2b HOUR |
| ~ ₽ 8 M 🖘 | , | Ernest Albert Cashwell DEATH MATED 1 6-9- | 69 19 4:45am |
| deloy | 3 5 | EX 4 RACE S DATE OF BIRTH 6 AGE (n years f , MDER YEAR if UNDER 24 HKS 2c DATE PRONOUNCED DEAD | 2d HOUR |
| 8 8 8 | | Nale Regro 4-22-1906 63 YRS MONTHS ONYS MIN Month Pay | 69 194:45am M |
| A 2 4 | | BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH | |
| S G G | cour | Virginia USA WIDOWED ☑ DIVORCED ☐ Prince George's | Md |
| age age th f | 10 (| CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL DCCUPATION (Kind of work done | 126 KIND OF BUSINESS DR |
| der writ he t | | Cheverly give street coddress) Cheverly Prince George Hospital during most of working life even if ret red) | INDUSTRY |
| ffer Grv ong th t | 13a | USUAL RESIDENCE (Where deceased lived, if institution Residence befare 13c. C.TY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER | |
| s of 18 18 2 will | g | daryland Frince George's Lanham YES NO 28811 Kcewatin | Rd. |
| hours after death ltem 18 Give Page Office along with tand2 with the State ofter death. | 14. F | FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle | Last |
| thin 24 hours after death from 18 Give Pages 1, 2 hines's Office along with form pages 1 and 2 with the State Dephours ofter death. | 1 | sen Coshwell Maltie Cosh | und |
| ner ner our | | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS | Λ. |
| xamine xamine za hou | | (es, no or unknown) (if yos give wor or doles of service) Esnet Cashiciell 8811 K. | EEWATING |
| EXAMINER: This cert ficate should be executed within 24 hours after death execute the certificate, writing the word "pending" in pending in Item 18 Give Pages 1, or. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form 4 for your files. 10R: Page 3 should be used as a burial-transit perm t. File pages 1 and 2 with the State Degurial, cremation, or removal, and in any event within 72 hours after death. | | 18. CAUSE OF DEATH (Enter only one cause per ne far (a), (b), and (c)) PART I DEATH WAS CAUSED BY: Shools | APPROX MATE INTERVAL BETWEEN ONSET AND OFATH |
| Aith at the state | | PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock | OFFICE BOOK MILE OF MILE |
| mdii Me | | 7767 DUE TO, OR AS A CONSEQUENCE OF Enterities | |
| be "pe iief | | Canditians, if any, which gave | |
| Page 1 | | rise to immediate cause (a), (b) stating the underlying cause (Control of the underlying cause (Con | |
| though we will be a second or the second or | | etiology undetermined | |
| This certificate should be executed icate, writing the ward "pending" in be forwarded to the Chief Medical Be used as a bunal-transit perm to be removal, and in any event within | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| fico ing rdec os al, o | 2 | , | |
| wriit war rwa lovo | ATIO | 190 DATE OF DPERATION 196 CONDITION FOR WHICH OPERATION | 20 AUTOPSY? |
| te, for | MEDICAL CERT E.CATION | WAS PERFORMED? | AEZ 🔀 NO 🗌 |
| iffical files and a second sec | ۱ _Ξ | 21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b TIME OF IN. URY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Ite | am 18) |
| ER: certicert aulc es. hou ton, | S | CAUSE OF DEATH P.M. 19 | |
| A Share and a share a | Ä | 21d INJURY OCCURRED 21e PLACE OF N.URY (At home, farm, street, 21f LDCATION Street at R.F.D. No. (ity of Town factory, office building, etc.) | Caunty State |
| bical EXAMINER: is execute the cert ctor. Poge 4 shault ned for your files. ECTOR: Poge 3 shou | | WHILE AT WORK AT WORK I IQCTORY, OTTICE BUILDING, etc.) | |
| Pogential, iol. | | 22a certify that I took charge of the remains described above, held on Autopsy 🔼, Inspection 📑 Inquiry | ond in my opinian |
| EPUTY Stary, pleose extensed director. oy bill retained in in ERAL DIRECTO | | death resulted fram. Notural couse 🔯 🔊 Accident 💋 Suicide 🔲 Hamicide 🔲 Undetermined manner | |
| pleose I directing retoine retoine for to k | | CHIEF MEDICAL EXAMINER | |
| ol o | | ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b DATES | |
| Sary mer be ER/ | | EXAMINER'S DEPUTY MEDICAL EXAMINER 🔀 | 5-9-69 |
| TO DEPUTY necessary, the funero 5 moy bill TO FUNERAL Health, pri | | NAME (Type) John Wehoe M.D. Riverdale, Md. ADDRESS(Street, city, town, or county) | |
| 10 DEPUTY SICAL EXAMINER: This certificate should be executed with necessary, please execute the certificate, writing the word "pending" in pertitional director. Page 4 shauld be forwarded to the Chief Medical Exams 5 may bill retained for your files. 10 FUNERAL DIRECTOR: Page 3 should be used as a bunal-transit perm t. File Health, prior to buriof, cremation, or removal, and in any event within 72. | 230 | | (Caunty) (State) |
| | | | Va. |
| | 24. | FUNERAL DIRECTOR / ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRARS S | IGNATURE |
| VR ATSME (5) TOM REV 1/68 | 1 | 203in 389 R. J. Och hour DATAUN 11 1969 Floor | |
| | | | |

MAKTIAND STATE DEPARTMENT OF HEALTH Item 18, ESIM 5417



| 7 9 | | 08776 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | 08770 |
|--|---------------|--|--|
| FOR STATE | I | tem#1, taken from MEDICAL-EXAMINER'S CERTIFICATE OF DEATH | 00110 |
| HEALTH DEPT. | 1. [| | Doy Year 25 HDUR |
| is age of | , | DECEASED NAME (Type or Print) Guy R Caveness Sr. DEATH MATED X 6-23 | -69 1912:40am |
| | 3 5 | SEX 4 RACE S DATE OF BIRTH 6 AGE (In years F UNDER 1 YEAR F UNDER 24 HRS 21 DATE PRONOUNCED DEAD | 2d. HOUR |
| | | ale | 619° 1912:55amm |
| Depart | 7a. | 8IRTHPLACE (State or toreign 76 CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH | |
| farm farm | _ | n'ry) Virginia USA WIDOWED DIVORCED Prince George's | Md |
| hin 24 haurs after death nick to them 19. Give Pages 1, niner's Office along with farm pages 1 and 2 with the State De haurs after death. | 10 | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done aways street address) | 12b KIND OF BUSINESS OR |
| g w | | Cheverly Prince George Hospital Mechanic | Automobile |
| hours offe office alan Land 2 with | 130 | . JSJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d-2MSIGN CITY (IMTS? 13e STREET AND NUMBER | |
| 2 2 5 | | Prince George's Hillcrest Hgts 15 10 No 3302 Curtis Dr | |
| Herm 19 Office of 1 of | 14 | FATHER S NAME First Middle Last IS. MOTHER S MAIDEN NAME First Middle | Last |
| niner's niner's pages haurs | 17 | Andy Caviness Sarah Reed | |
| th in nine | 100 | WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no see unknown Was grant age or dottes of service Was DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Evelyn Caviness 3302—Hillcrest | ** * *** |
| ould be executed within vard "pending" in pendik he Chief Medical Examiner al-transit permit. File page any event within 72 hau | - | | APPROXIMATE INTERVAL |
| rted rai r rai r rai r rai r thin | | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Light finilities | BETWEEN CINSET AND CEATH |
| executed nding" ir Med cal I permit. | | IMMEDIATE CAUSE (a) 110010 101100 | minutes |
| e e) pen ef M srt p | | DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease (anddians, if any, which gove) | |
| d 5 d 5 Chii tran | | nse ta immediale cause (a) (D) | + |
| shauld le ward a the Cl burial-tra | | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| ate should be e g the ward "per id to the Chief I a bur'al-transit and in any even | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) | |
| 0 m % 0 | | THE TOTAL SOSTILIZATION CONTINUES CONTRIBUTIONS TO DEATH OF HIS RELATED TO THE TERMINAL DISEASE OR CORD HOW GIVEN IN PART I(d) | |
| ICAL EXAMINER: This certific execute the certificate, writing for Page 4 should be farwards ed for your files. CTOR: Page 3 should be used as burial, cremat.an, ar removal | CERTIFICATION | 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION | 20. AUTOPSY? |
| This contact of the use for th | | WAS PERFORMED? | YES NO EXT |
| fical fical fical fical fical fical fical | | 21a EXTERNAL CAUSE WAS 21b T ME OF IN. JRY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, Ite | ım IB.) |
| NER: The certification of the | MEDICAL | PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 | |
| MINER: the certified 4 should ur files. e 3 should mat.an, | 墨 | 21d. N.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, factory, affice building, etc.) 21f LOCAT ON Street or R.f. D. No. City or Tawn | County State |
| EXAMINER: cute the cert age 4 should r your files. Page 3 should r cremat.an, | | WHILE NOT WHILE AT WORK AT WORK | |
| DEPUTY DICAL EXAM ressary, please execute the e funeral director Page 4 may be retained for your FUNERAL DIRECTOR: Page | ĺ | 22a. I certify that I took charge of the remains described abave, held an Autopsy , inspection , Inquiry | ond in my opinion |
| bleat execution of the partial of th | ı | death resulted from: Natural causes 🔀 Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner | |
| please e director retained DRRECT ior to bu | | CHIEF MEDICAL EXAMINER | |
| nry, plend, plend, plend, plend, prio | | SIGNATURE | |
| Pura San San San San San San San San San Sa | | EXAMINERS | 23-69 |
| | | NAME (Type) John Kehoe ID Riverdale, Md. ADDRESS(Street, city, town, or county) | |
| 01 c = ~ 01 ± | 23 c | DEMOVA (Christian Available) | (County) (State) |
| | 24 | | ic nation of the |
| VR A15ME (91) | | FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 250 RECD BY REGISTRAR 250 ASSISTED | The state of the s |
| 10M REV 1/88 | <u>_</u> | DATE TO THE PROPERTY OF THE PR | |
| 4 4 | | | |

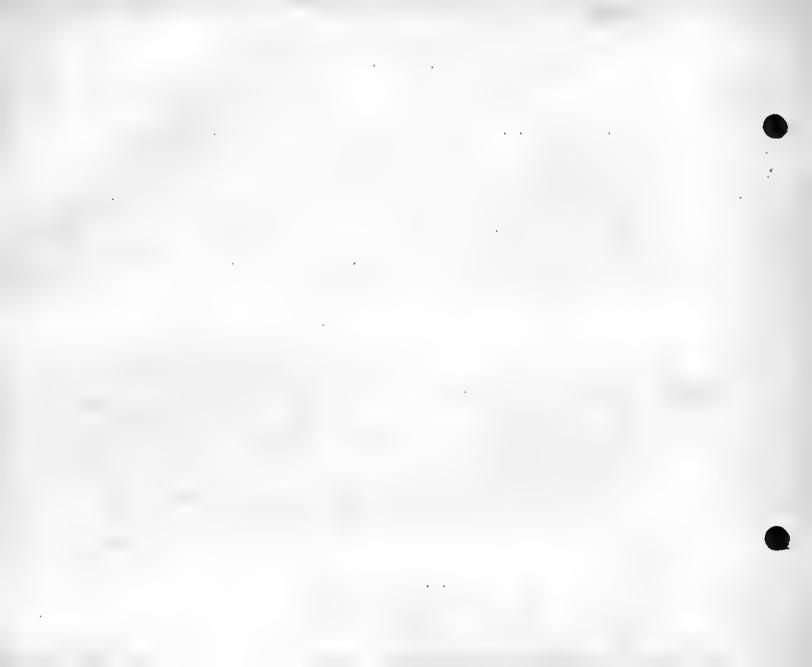


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08771 CERTIFICATE OF DEATH funeral 1 and 2 er death. 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH within 24 haurs after death (Type or print) Month 06 Felix NMI Cecchetti 69 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years IF UNDER 1 YEAR iost birthdoy) MONTHS OAYS HOURS Male 05-25-97 Caucasian YRS 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIEDX NEVER MARRIED country) please remave carban papers and in any event, with n 72 h `⊆ WIDOWED [D VORCED talv Prince Georges the attending physician and completely filled ist permit. Then please remave carban page County. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR g ve street oddress) Eugene Leland during most of working fe, even if retired) U S Governent Riverdale Mem. Hosp. 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 136. INSIDE CITY L M TS? 13e. STREET AND NUMBER executed 135. COUNTY Prince Georges Maryland College Road cremation, ar remayal, and in any 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First .ast ě Ralph Cecchetti requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, or unknown) Illf yes give war or dates of service? Rose A Cecchetti College Park, Md. no APPROX MATE INTERVA. 18 CAUSE OF DEATH (Enter only one couse per tipe for (a), (b) and (c) BETWEEN DISSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions if any, which gave) bur al transt rise to immediate couse (a) DUE TO, OR stating the underlying couse signed PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN Page 4 may be retained by the haspital ar attending After this certificate has been far use as the prior ta 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🗀 be detached for use State Dept. of Health 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 2, Item. 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) 21d IN JRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.E.D. No. City or Town County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from FUNERAL DIRECTOR: 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR director, page ; shauld be filed DEGREE PHYSIC AN S 22d 22e ADDRESS NAME (Type) 230 BUR AL, CREMATION, 23b. DATE 23r NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify)
Burial 2 Colmar Manor Pro Geo Md. 1969 Ft Lincoln Cemetery 24. FUNERAL DIRECTOR **ADDRESS** 25g. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE Gasch's Sons Hyattsville, Md. DATE JUN 2 5



| ~ 7 | .1. | | 08778 | DIVISION OF VITAL RECOR | RDS, 301 W. PRESTON CERTIFICATE | N STREET, BALTIMOI | | 08772 |
|-----|--|------------------|--|---|----------------------------------|--------------------------|--|--------------------------------|
| 0' | - 2 | 1. | DECEASED-NAME First | Middle | Lost | | . DATE OF DEATH | 01 00Up |
| | rol nd nd | 1 | (Type or print) Lou | | enry | Chaney | V.SR. Month Do | 2b. HOUR |
| | funerol i ond ter deat | 3. 9 | | 4 RACE | | OF BIRTH | June 3 | 1969 3:101 ^M |
| | in 24 hours after death | | Male | White | | 2-13-03 | 6. AGE (In years lost bethday) | MONTHS DAYS HOURS MIN. |
| | by t | 70. | BIRTHPLACE (Stote or foreign | 7b. CITIZEN OF WHAT COUNTRY? | | | UNTY OF DEATH | |
| | ا الله الله الله الله الله الله الله ال | | Maryland | U. S. A. | 8 MARRIED NEVE | K MAKKIED | nce George's | |
| _ | rin 24 ho filled in papers | 10. | CITY OR TOWN OF DEATH | | OR INSTITUTION (If not in hasp | | UPATION (Kind of work done | 12h KIND OF BUSINESS OF |
| | with the state of | Ÿ | Cheverly | rive street nddress) | orge's Gen. | Hosp during most of | working life, even if retired.) | INDUSTRY PUBLIC Transit Co. |
| | and completely remove corbon nony event, with | 130 | USUAL RESIDENCE (Where deceo | sed lived, if institution. Residence be | fore Par CUTY OF TOWN | 139 INSIDE CITY LIMITSS | | Cheltenham, Md |
| | secuted to the complete of the control of the contr | oon | nission) STATE MD | Prince George! | s Hyatteval | | -0866 -Chillen | -Road |
| | ond on only | _/ 14, | FATHER'S NAME First | | | R'S MAIDEN NAME First | Middle | lost |
| | 9 8 8 1 | _ | Josep | | aney | Car | | Sears |
| | requires that the deoth certificate be executed within 24 hours after death g physician. I signed by the ottending physician and completely filled in by the funeral solution-transit permit. Then please remove carbon papers. Pages I and a burial, cremation, or removal, and in any event, within solution after death | 160 | WAS DECEASED EVER IN U.S. ARI Yes, no or unknown) Uf yes give | MED FORCES? 16b. SOCIAL SECU was as dates of service) | | | Parker-Upper | Box 2343 r Marlboro. |
| | phy hen hen | F | | | | tus Madel | Md | 20870 ROXIMATE INTERVAL |
| | ding ding | | PART 1 DEATH WAS CAUSE | ply one couse per line for (o), (b), on D BY | nanwwws | . 1 | | BETWEEN ONSET AND DEATH |
| | deo trmi | | IMMEDI | | | | | |
| | t the o | | Conditions, if ony, which gove | DUE TO, OR AS A CONSEQUENCE | : UF | détermin | | |
| | hat n. y th onsi | | rise to immediate couse (a), | DUE TO, OR AS A CONSEQUENC | ery un | arexen man | 1.2.0 | |
| 0 | es t sicial ed b ed b l-tr | | stating the underlying couse lost | (c) | | | | |
| N | equires that the physician signed by the burial-tronsit is burial-tronsit in burial, cremati | | PART 2. OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TER | RMINAL DISEASE OR CONDIT | ION GIVEN IN PART I(o) | |
| N | ing ing the r to | i is | | | | | | |
| 1 | 4: The low re ar ottending ite hos been r use as the calth prior to | CERTIFICATION | 190. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION W | | AUTOPSY? | 20b IF YES, WERE FINDINGS CAUSES OF DEATH? | CONSIDERED IN CERTIFYING |
| | r of r of se ho | \Iä | D) ACCOUNT WAS INDICATED | | | ES NO | | |
| | IAN: ol a ol a ficata for for Hea | | OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. Month Doy | Yeor 21c. HOW INJUR | RY OCCURRED (Enter natu | re of injury in Part 1 ar Part 2, | Item 18.) |
| | SIC Ispit ertified ied i. of | MEDICAL | (If either, notify med col exomi | iner) P.M. PLACE OF INJURY (AT HOME, FARM, STRE | FI SECTION AND AGGAZION | 51 . 050 H- | | |
| | ATTENDING PHYSICIAN: stained by the haspitol ar CTOR: After this certificate should be detached for util the State Dept. of Heal | | While Not while ot work | PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING ETC | a, ractore, J. 211; LOCATION | Street or R.F.D. No. | City or Town | County State |
| | NG Y th Y th e de | | 22g. certify thatXON (th | is hospital) attended the dec | eased from May | 21 1969 | to June 3 | that 44 (we) lost |
| | NDI Sid b Id b Id b Ie Si | | saw the deceased a | is hospital) attended the dec alive on June 3 | 19 <u>69</u> , and that in | in (mak(aur) opinion | death occurred on the d | ate and hour ond from the |
| | ain ain the state of the state | 1 | | e, 🕱 (we) (did) (🛪ជាជន) view | the bady after death. | | | |
| | | | 22b. SIGNATURE | 118911917H | DEGREE PH | TENDING MED. | STAFF COL | DATE SIGNED |
| | TO HOSPITAL OR Page 4 may be re CO FUNERAL DIRE director, page 3 should be filed w | | 22d PHYSICIAN S | of Do of Oo II | 00 | | | |
| | O HOSPITAL Page 4 moy O FUNERAL I director, page | | NAME (Type) Halu | k Boneval, M.D. | | Prince Geor | erly, Maryla ge's General H | Hospital |
| | FUN Tector | 230 | | | OF CEMETERY OR CREMATO | ORY 23d | LOCATION (City or Town) | (County) (State) |
| | 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | | | 0,07 | hville Cem | netery | Dunkirk C | alvert Md. |
| | VR A15 (4) | 24 | FUNERAL DIRECTOR | ADD | RESS | 25o. REC'D BY REG | | |
| | 30M REV 1/61/ | 1 1 | itcule Bros. | Upper Marlbo | ro, Md, 200 | 379 JUN 5 | 1969 Milane | es Judges |

| 1 | 08779 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08773 |
|--|--|
| | Items#23a,b, FilmG414 7/7/69 km CERTIFICATE OF DEATH |
| death. | 1 DECEASED NAME First Middle Lost 20. DATE OF DEATH June Month 28 Day 1 969eor 0330 M |
| | 3. SEX 4. RACE Caucasian S. DATE OF BIRTH Feb. 1, 1922 6. AGE (In yeors left under 1 YEAR 15 UNDER 24 HRS. 16 UNDER 1 YEAR 15 UNDER 24 HRS. 16 UNDER 1 YEAR 15 UNDER 24 HRS. 17 UNDER 24 HRS. 18 UNDER 24 HRS. 18 UNDER 24 HRS. 18 UNDER 25 HRS. 18 UNDER 25 HRS. 18 UNDER 26 HRS. 18 UNDER 26 HRS. 18 UNDER 26 HRS. 18 UNDER 27 HRS. 18 UNDER 27 HRS. 18 UNDER 28 HRS. |
| ed ii by | 70 BIRTHPLACE (State or foreign Country? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9. |
| within 24 lilled in bonn poper | 10 CITY OR TOWN OF DEATH Camp Springs 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddremal colm Grow USAF 12a USUAL OCCUPATION (Kind of work done during the street oddremal colm Grow USAF) 12b KIND OF BUSINESS OR HUNGER OF HOSPITAL OR INSTITUTION (If not in hospital during the street oddremal colm Grow USAF) |
| mplete ve carb | 13a USUAL RESIDENCE (Where deceosed lived/ if institution: Residence before 13c CITY OR TOWN 13d INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13b COLLULY Alexandria YES NO 5375 Duke St. |
| ond to in any | 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Charles P. Coughlan Charlotte Munsil |
| ficate t ysician please al, and | WAS DECEASED EVER IN U.S. ARMED FORCES? YET 00, or unknown) (If yets give war or dates of service) 16b SOCIAL SECURITY NO 7 INFORMANT Address 17 INFORMANT 18 18 18 18 18 18 18 1 |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carban page should be filled with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 37. | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY. Cardiac Arrest |
| the de he atter it perm atian, o | Canditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Acute Lukemia |
| es that sician. ed by t sil-trans | rise to immediate couse (o). stuting the underlying couse (c) (c) Myeloid Metaplasia I year |
| requir ng physen signi e buric to buric | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Relapsing Polychondritis (was related to "C" above) |
| he low attendir has bee e as th h prior | 196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b if YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 21b TIME OF INJURY 121b TIME O |
| IAN: Ital or a lift of the lif | 21d ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 OR CONTRIBUTING CAUSE OF DEATH 4 HOUR A M. Month Doy Year 4 of either, notify medical examiner) 4 P.M. 19 4 A HOW FARM STREET FACTORY 1 21F IOCATION STREET OF P.E.D. May Colour Towns 5 Table 1 County 1 Table |
| PHYSIGE hospile his cert | Z1d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21F LOCAT ON Street or R.F.D. No. City or Town County State While Not while |
| NDING od by the After to d be de | 22a. I certify that (1) (this haspital) attended the deceased from June 1968, to 28 June 1969, that (1) (11) last saw the deceased alive an 27 June 1969, and that in (my) (11) apinian death accurred on the date and hour and from the causes stated above, (1) (11) (11) view the bady ofter death |
| R ATTE retaine RECTOR 8 shaul with th | 226 SIGNATURE 3 OPATE S GNED 1969 |
| May be WI DIF page be filed | 22d. PHYSICIAN'S NAME (Type) W. F. Berger M.D. DEGREE PHYS DEGREE PHYS DIRECTOR |
| HOSP Page 4 FUNE director shauld | 230 BURIAL, CREMATION, 236 DATE THE PARTY OF CEMETERY OF CREMATORY Arlington National Arlington Va. |
| VR A15 (4) 30M REV. 1/68 | 24 DYNA DE Backlick Rd. Springfie d'as, va. 250 RECO BY REGISTRAR SO GNAIVRE DATE L'ANDRESS VA. |



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| | E general Company | 250 | BURIA CREMATION, 23b | 13 4 / 100 | 35 NAME OF CEMETERY | A A A | 0 230 100 | AT ON (City or Tawn) | (Caunty) (State) |
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| | - eq | car car ent, | 13a, odmi | USUAL RESIDENCE (Where deceased | lived, if inst | itution. Residence before | 13c CITY OR TOWN | 3d INSIDE CITY JM 157 | 13e STREET A | | | |
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| | ed P | P P P | Ш | saw the deceased aliv | e on | June 14 | 9 69, and that in (my | <u>v) (qus) apinibn</u> | death accuri | ea an the da | te and hour | and fram the |
| | E un pi | 2 g t | | causes stated above, (| i) (Werton | a) (art not) view;the | day affer death. | / | | | | / |
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| | s after death | 3. S | MALE 4. RACE 5. DATE OF BIRTH 10-12-12 6. AGE (In yours lef Under 1 YEAR OF UNDER MIN) NOMITYS DAYS HOURS MIN 5. CARS. |
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| | 5 5 5 p x | 21 | REMOVAL (Specify) Burial 6-17-69 Church Cemetery, Chapel Hill Md FUNERAL DIRECTOR 250. RECID BY BEGISTRAR 2 250 RECIDENTAL SIGNATURE |
| | 30M REV (68) | 1 24. | FUNERAL DIRECTOR John T. Rhines & Co., 3030-12th St/N.E. DATE 250. RECTO BY REGISTRAR S SIGNATURE DATE 250. RECTO BY REGISTRAR S SIGNATURE DATE 16 989 |



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| | VR A 5 4 | 24 | FUNERAL DIRECTOR | | ADDRESS | 2 | SO RES DI BY REGIS | B 1989 REGISTRARS S | 10 1110 |
| | 45M - 1 160 4 | F | rancis Gasch's | Sons Hvatt | tsville. | Md. | DATE JUIN 1 | 0 1000 | and hand an |



MARYLAND STATE DEPARTMENT OF HEALTH 18284 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08779 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALT 1. DECEASED-NAME First 2a, DAZÉ KNOWN 🖾 Month Day Year (Type or Print) oy is 3 to Poge WEATH MATED June, 19, 1969 6 AGE (In years IF UNDER 24 HRS 4 RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 3. SEX 8 Inst berthday) Female Cauc. 7-17-1881 19 6 9 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9. COUNTY OF DEATH (ounty) Maryland WIDOWED | DIVORCED | Prince George U.S. Give Pages 10. CITY OR TOWN OF DEATH TI NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) give street address) INDUSTRY Cheverly press Shop nce 13g USEA. RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Prince George 1206 Chillum Manor Rd. Item 18. CYES X NO Hvattsvi 14. FATHER'S NAME Last IS MOTHER'S MAIDEN NAME Middle Julia Anne Offutt William Counselman .5 e certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiners hours 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Expor Neice 16b SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (Yes, na, ar unknown) (If yes give war or dates of service) same as Item 13. Mrs. J.A. Loonev APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line far.(a), (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a). DUE TO, OK AS A CONSEQUENCE OF stating the underlying couse .⊑ PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBLING CERTIFICATION 20 AUTOPSY? 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES -21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR ALM CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJRY (At home, farm street City or Tawn 22a. I certify that I taak charge of the remains described above, held an Autopsy (4). Inspection (4). death resulted fram: Suicide [7]. Notural causes | Accident | Homicide Undetermined monner CHIEF MEDICAL EXAMINER 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral DEPUTY MEDICAL EXAMINER NAME (Type) ADDRESS(Street, city, town, or county) Prince Georg 0 0 23o BUR AL CREMAT ON 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 6-21-69 Rockville Uemeterv Rockville, Maryland 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland VR A15ME (5) 10M REV 1/68



| А | 1 | | 00000 | DIVISION | OF VITAL RECORD | S, 301 W. PREST | TON STREET, BALT | IMORE, MARYLAND | 21201 | | |
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| 1 | ± -2± | | CEASED-NAME | First | Middle | | Lost | 20. DATE OF DEATH | AL D | 2 | b. HOUR |
| | death | - (1 | ype or print) — L | HC V | CLENDA | TAKE C | -0 X | J DA | E 30 | 1469 | 104 |
| | The state of the s | 3 SE | X | RACE | 1.) | 5. D | ATE OF BIRTH | | | JNOER 1 YEAR OF UN | IQER 24 HRS. |
| | E SE | <u> </u> | alo | | | i te | 4VG.21 | 1711 5 | YRS. | | |
| 4 | Pa Sa | COU | HRTHPLACE (Stole or fore gi | 75 CITIZEN C | OF WHAT COUNTRY? | P | NEVER MARRIED | 9. COUNTY OF DEATH | FARA | 165 | |
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| | V V Q | | WAS DECEASED EVER IN U.S. es, no. oratinadown) CEV | S ARMED FORCES? Is give wor or dates at servi | 16b SOCIAL SECURE | IYNO. 17 INFOR | RMANT | | Address Lo C | DI OSB | ork |
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| | e death ce attending permit. Th | | 18. CAUSE OF DEATH (En | ter only ane cause : CAUSED BY. | | | DOMELANI | During | | BETWEEN ONSET AN | office (|
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| >- | equires physici signed burial-i burial-i | | PART 2 OTHER SIGNIFICAN | IT CONDITIONS CON | TRIBLENG TO DEATH BUT | NOT RELATED TO THE | E TERMINAL DISEASE OR | CONDITION GIVEN IN PART | 1(0) | / | |
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| 1 | : Th or at use use | | 210 ACCIDENT WAS LINDS | ERLYING 1215 ff | ME OF INJURY | 21c HOW I | NJURY OCCURRED ACOU | noture of injury in Part | Lor Port 2 Iter | n 181 | |
| | rsician: ospital ar certificate hed for us | | OR CONTR SUPPLY | SEREATHY HOUR | | 222 | NOOKT OCCOUNTED | 11521 | 2 | . 10., | |
| | PHYSICIAN: e hospital ar nis certificate tached for u | MEDICAL | 21d MURY OCCURRED | 21e PLACE OF INJ | | TACTORY) 21 LOCATE | ON Street er KFD. N | c City or Town | | County | Stote |
| | this the help | | of work of the | | OFFICE BUILDING EST | 20 | ILL | ones | | X | |
| | ING by the frer be d | | 22a. I certify that (|) (this hospitol) | attended the dece | osed from | ER9-19 | 550 10 | 2040 | what (1) | (no) lost |
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| | ATT CTO Share ith 1 | | 22b. SIGNATURE | 1- | | 7 7 | 10 | 41FD 671FB | | re signed | |
| | OR ATTEN be retained JIRECTOR: / | | all | uu > | Surve | 1 h sell | ATTENDING PHYS. | DIRECTOR PHYS. | 1 Xu | e 50 / | 769 |
| | AL DES | | 22d PHYS CIANS NAME (Type) | フエルルク | CHANE | DIE WI | 22e ADDRESS | 3 BRANC | HOAL | IE, | |
| | A m A m A m A m A m A m A m A m A m A m | | // \ | JINUK | 3/77/0 | < 11.14F | 4 | WINTO | N, M | 1(1), 20 | |
| | Page 4 may be retained by the hospital ar attending physic Page 4 may be retained by the hospital ar attending physic C FUNERAL DIRECTOR: After this certificate has been signed director, page 3 shauld be detached for use as the burial shauld be filed with the State Dept. af Health priar ta burial | 230 | BURIAL, (REMATION, REMOVAL (Specify) | 23b DATE | 23c NAME | OF CEMETERY OR CREA | MATORY sth.Com. | 23d LOCATION (City of Friends | | (County) (St A. Md. | tote) |
| | 5-5-4 | 24 | FUNERAL DIRECTOR | 7/3/69 | | | boro 250. REC'D | | . REGISTRAR'S SIG | | - |
| | VR A15 (4) 30M REV 1/68 | | itchie Bro | s.FunII | L Homo-Md | 20870: | DATELLE | 7, 1969 | | y Judge | . : |
| | | Share and | | | | | براباتية الراسسان | | | | |

MARYLAND STATE DEGADINGS

| | I | | 40maa | DIVISION OF V | ITAL RECORDS, | 301 W. PRESTON STREET | , BALTIMORE, M | ARYLAND 21201 | | |
|--------------|--|---------------|--|---------------------------------------|---|--|-----------------------|------------------------------------|------------------------|-----------------------|
| A CONTRACTOR | | | 08786 | | (| CERTIFICATE OF DE | ATH | | 0878 | 1 |
| 1 | ₹ -24 | | ECEASED-NAME Firs | | Middle | Lost | 2o. DATE | OF DEATH | 0010 | 2b. HOUR |
| | death. | 1 | Type or print) Rob | ert | T., | Cox | JT. | ine Month 28 Do | y 196 gor 1 | 2:40a M |
| | - P | 3 5 | ξX | 4 RACE | - | S DATE OF BIRTH | | 6 AGE (In years lost birthday) | IF UNDER YEAR | IF UNDER 24 HRS. |
| | S S S S | | male | white | | Jan. 24 | . 1903 | lost birthdoy) 66 YRS. | MONTHS DAYS | HOURS MIN |
| | \$ A B | | BIRTHPLACE (State or fareign | 76 CITIZEN OF WHAT | COUNTRY? | 8 MARRIED NEVER MARRIED | | | | |
| | 24 h id in pers 72 h | COU | wash. D. C. | U. S | . A. | WIDOWED DIVORCED | | nce George' | S | Md |
| / | Fig. 2 | 10 | CITY OR TOWN OF DEATH | 11. NAME | OF HOSP TAL OR INS | | 20 USUAL OCCUPATI | ON (Kind of work done | 12b K ND OF B | |
| (| ● ● ● ● ● ● | +c | heverlv | give stre | et oddress) nce Georg | ge's General | Retired | ng life even if ret red) S. Govt. | INDUSTRY | |
| | a di di di | J 13o | USUAL RESIDENCE (Where deced | sed lived. I institution. | Residence before | 13c CITY OR TOWN 13d IN | NS DE CTY LIM TS? 13e | STREET AND NUMBER | _ | |
| | ompount of the secution of the | gun | MdMd | Montgo | merv | Silver Spring | NO . | 9408 Garwoo | d St. | |
| | exe emc any | 14 | FATHER S NAME First | Middle | £0s† | IS MOTHER'S MAIDEN | NAME First | Middle | | Last |
| | regu res that the death certificate be executed within 24 hours after a physician. I signed by the attending physician and completely filled in by the further burial transit permit. Then please remave carban papers. Pages I a burial, crematian, or remaval, and in any event, within 72 haurs after | | John | F. | Cox | | ISABELL | A A. | Mu 1 | ligan |
| | icia icia leas an | | WAS DECEASED EVER IN L S AR | | b. SOCIAL SECURITY N | | | Address | | <u> </u> |
| | ohys on p | | no no | | 220-42-29 | 89 Miss Heler | n V. Cox | Same as #13 | | |
| | attending permit. The | | 18 CAUSE OF DEATH (Enter o | nly one couse per line | for (o), (b) and (c). |) | | | APPROX M BETWEEN ON | SET AND DEATH |
| | eath indii or re | | PART I. DEATH WAS CAUSE | D BY ATE CAUSE (a)M | assive in | trapulmonary h | emorrhage | | | The second |
| | afte an, | | 7 / | DUE TO, OR AS A | CONSEQUENCE OF | | | | | |
| | the the rsit p | | Candit ans, it any, which gave nse to immediate cause (a), | (b) Her | morrhagic | _diathesis | | | | |
| | tha an. by rran | | stating the underlying couse | DUE TO, OR AS | CONSEQUENCE OF | | | | | |
| D | res /sici | | last | | Septicemi | | | | | |
| 2 | equ res physicic signed burial to burial, c | | PART 2 OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING | G TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISE | EASE OR CONDITION G | VEN IN PART I(o) | | |
| in | low re nding been s the iar to | 18 | | | | | | | | |
| 0 | O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 I Page 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in director, page 3 shauld be detached for use as the burial transit permit. Then please remave carban papers should be filled with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 | CERTIFICATION | 19a. DATE OF OPERATION 19b | CONDITION FOR WHICH | OPERATION WAS PER | | CALL | IF YES, WERE FINDINGS I | CONSIDERED IN CER | RTIFYING |
| 0 | The I after a has use as | RTIFE | | | | YES | NO [] | | | |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Heal | | 21a ACCIDENT WAS UNDERLYI | NG 21b. TIME OF IN THE HOUR A.M. I | JURY Month Day Year | 21c. HOW INJURY OCCURRE | D (Enter nature of it | ijury in Part I or Part 2, | Item 18.) | |
| | SICI Spitch Set if ed i | MEDICAL | (II either, natily medical exam | ner) P.M. | 19 | | | | | |
| | G PHYSICIAI the haspital r this certifica detached far te Dept. af He | ≥ | 21d. INJURY OCCURRED 21e While Not while | . PLACE OF INJURY (AT | HOME, FARM STREET FAC FICE BUILDING, ETC | TORY) 21f LOCATION Street or S | RFD No (| ity or Town | County | State |
| | G P the det det te D | | While Nat while at work | | | | | | | |
| | by Affee be Sto Sto | | 220. I certify that (I) (II | rs hospital) attend | led the decease | d from June 25 | , 19 <u>69</u> , to_ | June 28 19 | -69 , that | (1) (<u>wa)</u> last |
| | ATTENDING etained by the CTOR: After is should be diffith the State | | causes stated abov | e, (I) (we) (did) (d+ | e not view the | d from June 25 9(C), and that in (my) (a body after death. | ${f x}$ | i acchised ou tue of | are and nour d | ind fram the |
| | AI Sho | | 22b SIGNATURE | | - 01 | 711 | | 220 | DATE SIGNED/ | |
| _ | be 3 | | pur | muel C | TV KU | DEGREE PHYS | MED DIRECTOR C | STAFF 🗆 E | 149/69 | 7 |
| | IAI Day Page e fill | | 22d. PHYSICIAN'S | | | 229 ADDRESS | Dusa no | Acres | 1 1 1 2 | |
| | TO HOSPITAL OR ATTENDIN Page 4 may be retained by O FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the Sta | L | NAME (Type) SAM | IE[~1./V | 1. SUGA | E MD 4637 | ENSTERN | AVE MK | 156, DC | 10018 |
| | HO Ige FUN Fou | 230 | BUR AL CREMATION, 23b | DATE | | EMETERY OR CREMATORY | | IION (City or Town) | (County) | (Stote) |
| | 5 5 5 p | L | REMOVALISH US | 7-2-69 | Mt. | Olivet Cemetery | y Was | hington | D | C. |
| | VR A15 (4) 45M 1 / 69 | 24 | FUNERAL DIRECTOR Franc | s J. Coll. | ins ADDRESS | 250 | THE BY REGISTRAN | 969 236. RIGHTRARS | SUSPIATURE | 46. |
| | 45M 1769 | | ეეეUniv. Blvd. | W. Silver | Spring, | Maryland. DAT | E | | 1 7 | , |

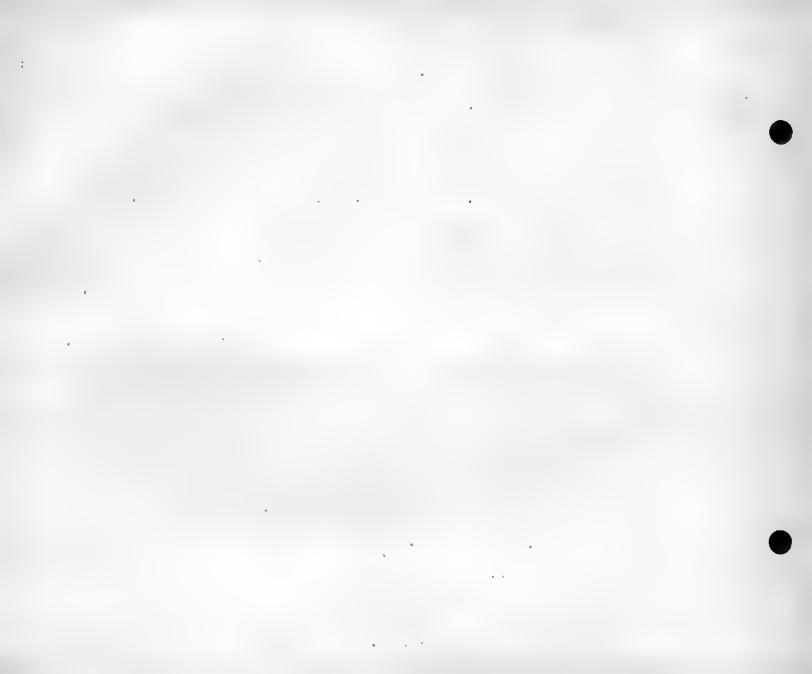
MARYLAND STATE DEPARTMENT OF HEALTH





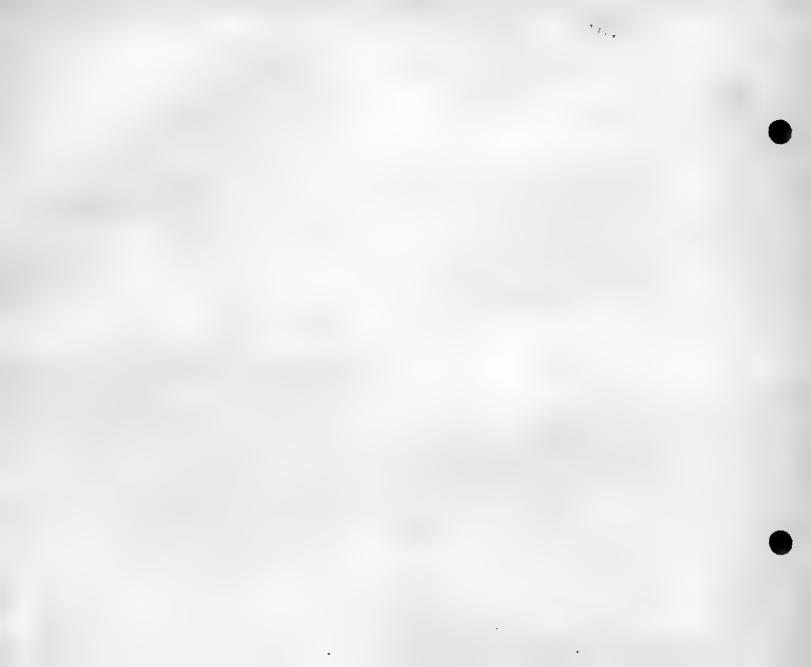
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08783 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1 DECEASED-NAME Middle Lost 20 DATE KNOWN delay 1. nd 3 to Poge (Type or Print) ESTI-Annunziato Crescenti G. DEATH MATED TH 6 AGE (in years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX 4 RACE S. DATE OF BIRTH Day Year 1069 28 Mar., 1914 YRS 75 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (Stole or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH Prince George USA DIVORCED [Italy WIDOWED [T 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)Glendale Hos :tal during most of working life, even if re.ired | INDUSTRY | Priest Catholic church C/lendale 130 USUAL RESIDENCE (Where deceased lived if institution Residence before 13c. CITY OR TOWN 136 NSIDE CTY LIMITS? 13e STREET AND NUMBER odmission) STAT New Jersey to COUNTIL Clair m 18 Mt. Clair 94 Pine St. YES NO 14. FATHER'S NAME First Inst 1S. MOTHER'S MAIDEN NAME First Crescenti Concetta Silipigni Ramano poges hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes no, or unknown) Irvington New Jersey. 150 36 7652 Rose DeLorenzo 18. CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c)) BETWEEN ONSET AND DEATH permit. PART I, DEATH WAS CAUSED BY Heart failure Minutes IMMEDIATE CAUSE (c)_ DUE TO, OR AS A CONSEQUENCE OF Advanced arteriosclerotic Conditions, if any, which gave rise to immediate cause (a) This certificate shauld heart disease yrs. writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (c) Б 190 DATE OF OPERATION 20 AUTOPSY? 19b CONDITION FOR WHICH OPERAT ON WAS PERFORMED? YES DXL NO TO 0.7 21o. EXTERNAL CAUSE WAS 21b TIME OF N. JRY Manth, Day, Year 21: HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) O PR.MARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH 21d INJURY OCCURRED 21f LOCATION Street or R F D No. 21e PLACE OF N.JRY (At home, form, street, City of Town County Sote factory, affice building, etc.) WHILE NOT WHILE D 22a | certify that I took charge of the remains described above, held an Autopsy | xt. Inspection x FUNERAL DIRECTOR: Inquiry 🔀 , and in my apinion /Accident death resulted fram: A Natural causes of Hamicide | Undetermined manner Suicide [7]. CHIEF MEDICAL EXAMINER prior 1 ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAM NER Riverdale John Kehoe, M.D. **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county) 0 230 BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Holy Sepulchre Cemetery NJ Newark Essex 7/2/1969 Burial ADDRESS 24 FUNERAL DIRECTOR 25g REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE F. Gasch's Sons Hyattsville, Md. VR A15ME (5) 10M REV 1 66

MARYLAND STATE DEPARTMENT OF HEALTH



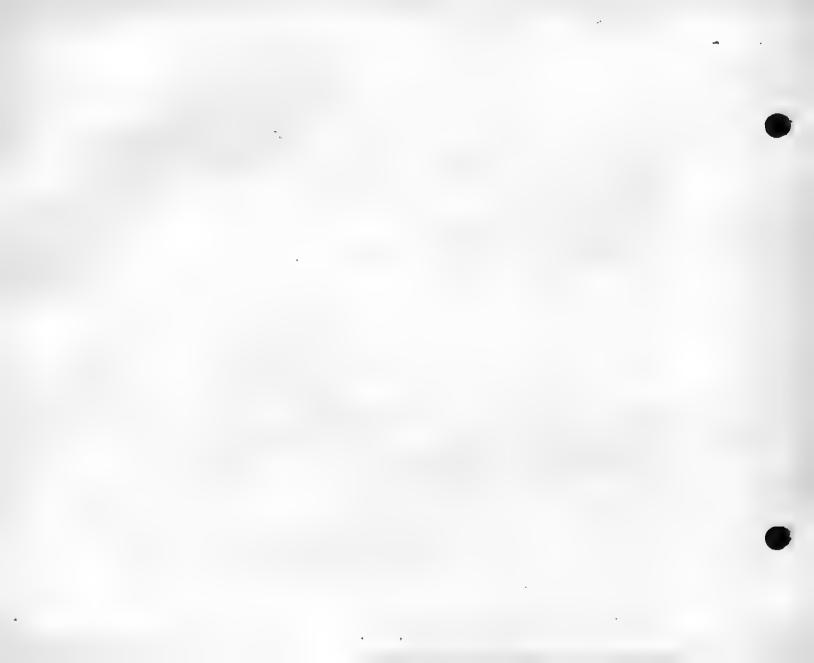
| 0 | | | MARYLA | IND STATE D | EPARIMENT OF HEA | LTH | |
|---|---------------|---|---|---------------------|-----------------------------------|---|--|
| | | 08789 | DIVISION OF VITAL RECORD | | | RE, MARYLAND 21201 | 08784 |
| | | 110100 | | CERTIFICA | TE OF DEATH | | |
| death. | | ECEASED-NAME (ype ar print) | Middle | 1,100 | Lost 2 | a. DATE OF DEATH Manth Do | Year 9 25. HOUR |
| | 3. S | X + C/K/ | 4. RACE | 15 | DATE/OF BIRTH | 6 AGE (n years | - IF UNDER 1 YEAR - ME UNDER 24 HRS |
| | L | Tomas | WHITE | | 1-13-18 | So last bithday) YRS | MONTHS DAYS HOURS MIN |
| 4 hau 1 in B eers 72 hau | CG J | BIRTHPLACE (State or foreign itry) | 76. CITIZEN OF WHAT COUNTRY? | 8. MARRIED WIDOWED | IN TOR INFRIENCE | OUNTY OF DEATH | france M. |
| within 24 haur gly filled in E ban papers , with n 72 hau | 10 | STY OR TOWN OF DEATH | 1) NAME OF HOSPITAL OR give street address) 1,7 | INSTITUTION (If not | | CCUPATION (Kind of work done if working life, even if retired) | 126 KIND OF BUSINESS OR INDUSTRY |
| ed wil | 13a. | USUAL RESIDENCE (Where deced | sed lived, if institution Residence before | e 13c CITY OR TO | DWN F36 INSIDE CTY JM TS? | 130 STREET AND DUMBER | 1 Warne |
| common ve | | ATHER S NAME OF IS! | J. R.C. Zuellege | for cold | YES NO NO | 2920 Janza | you dans. |
| n and | L | thin | Enthrie | | Her Thin | - House | Lost |
| that the death certificate be executed an. by the attending physician and compressions in permit. Then please remove crematian, ar remaval, and in any even | | WAS DECEASED EVER IN US AR es, no, or unknown) (If yes give | MED FORCES? wor or dates of service) 166 SOCIAL SECURIT | 17 INFO | eth V. mi | les Lite | ie, md |
| ath cer ding p t. The | | PART I. DEATH WAS CAUSE | | (0) | * | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| atten otten permi | | 4/23 Conditions, Fany, which gave | DUE TO, OR AS A CONSEQUENCE (| OF L | 11 | , | of says |
| hat they they the | | rise to immediate cause (a), | (6) (727012) | CHAPR / | reger () isc | rasc | × 485 |
| quires the physician signed by burnol-tro | | stating the underlying couse last | (1) ACORT | Failur | 13 | | 1 wit. |
| requires ng physici en signed he bunal-1 ta burnal, | * | PART 2 OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO T | HE TERMINAL DISEASE OR COND | ITION GIVEN IN PART I(a) | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in the director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers has should be filled with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, with n 72 haurs | CERTIFICATION | 19a. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION WAS | PERFORMED | 200. AUTOPSY? YES NO NO | 206 IF YES, WERE FINDINGS CAUSES OF DEATH? | CONSIDERED IN CERTIFYING |
| CLAN: irol ar ufficate of Heal | MEDICAL CER | 21a. ACCIDENT WAS UNDERLYS. OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exom | TH HOUR A.M. Month Day Ye | 21c HOW | INJURY OCCURRED (Enter nat | ure of injury in Part 1 or Port 2, | Item 1B) |
| PHYSICIAI e haspital his certifica stached far Dept. af He | Jaw | 2 d IN. JRY OCCURRED 21e | PLACE OF INJURY (AT HOME FARM, STREET OFFICE BUILDING, ETC. | FACTORY.) 21F LOCA | | City or Town | Caunty State |
| DING P by the frer thi be deri State D | | 22a. I certify that (I) (th | nis haspital) attended the deced al ve an ethors (did) (did not) view th | ised fram | , 1960 | , to 1-17 , 19 | 169_, that (1) (we) las |
| TTENI DOR: A DOR: A DOR: A The | | L | e (1) (we) (did) (did not) view th | e body after dec | nat in (my) (aur) apiniai ith. | n death accurred an the d | ate and havr and tram the |
| OR ATTEND be retained bretone: A DIRECTOR: A ge 3 should ded with the 8 | | 22b. SIGNATURE | Ather ha | DEGREE | ATTENDING MED MED DIRECT | STAFF C | DATE SIGNED |
| O HOSPITAL Page 4 may b Page 4 may b o FUNERAL D director, page should be file | | 22d PHYSICIAN'S NAME (Type) | 1 601752 | 1710 | 220 ADDRESS Le- 21 | dum, Ind | |
| HOSI Be 4 UNE ecto | 23a | | DATE 23c NAME C | IF CEMETERY OR CR | EMATORY 23 | d LOCATION (City or Town) | (Caunty) (State) |
| Page 10 Fundirecth | | DEMOSTRE IC . A 1 | ne 23, 1969 Memor: | ial Park | 1 | uth Hutchinson | ' '' |
| VR A15 (4) | 24. | FUNERAL DIRECTOR | ch's Sons Hyatts | | 250 RECD BY RE | SISTRAP 69 256 ASSESSED RAS | S AIGNATURE |
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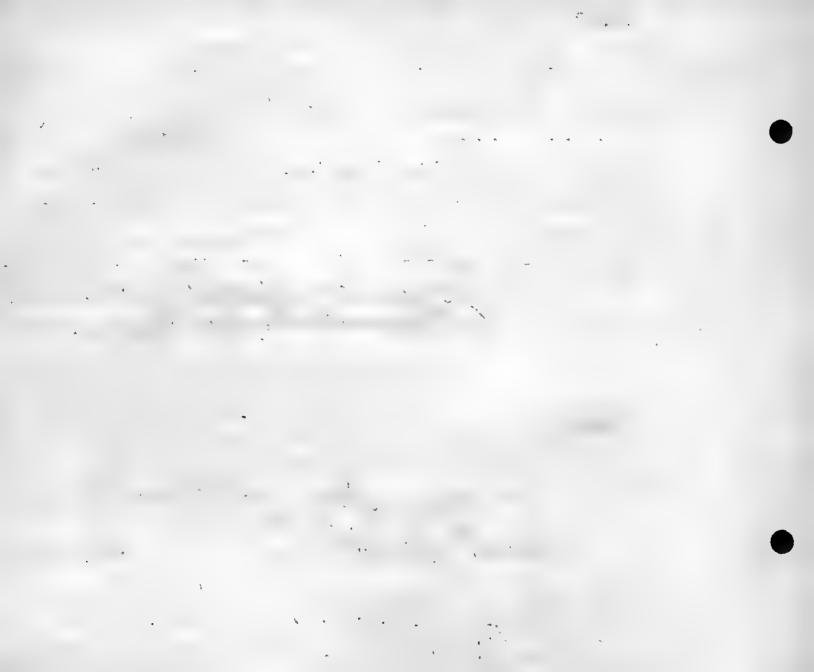
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| 1 in | 1 | | | 00004 | D | IVISION OF | VITAL RE | ECORDS, | 301 W. PRESTO | IN STREET, BAL | TIMORE, MA | RYLAND 21201 | 0000 | C |
| | • | | | 08791 | | | | (| ERTIFICATE | OF DEATH | | | 0878 | D |
| | 2 2 | | 1. DE | CEASED-NAME | First | | Mic | ddle | La | ist | 2a. DATE OF | DEATH | | 2b. HOUR |
| deat | 2 3 3 | | | flore or enoth | Ruth | | Lawre | ence | Dawso | n | June | 26 1969 Day | Year | 0300AM |
| <u> </u> | | | 3. SE | X | | 4 RACE | | | S. DAT | E OF BIRTH | | 6. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| £ | Se S | | | Feminine | | Caucas | ian | | F | eb 12 190 | 04 | last birthday) 65 YRS | MONTHS DAYS | MOURS MIN. |
| O STATE | by aur | | | IRTHPLACE (State or far | eign 7b | CITIZEN OF W | HAT COUNTR' | Υ? | 8 MARRIED NEV | ER MARRIED | 9 COUNTY OF | DEATH | | |
| 4 T | l in ers. 72 h | | Ealin | Wirginia | | United | State | es | WIDOWED 🗌 | DIVORCED 🏋 | Princ | e Georges | County | Md. |
| executed within 24 hours after death. | physician. signed by the attending phystrian and campletely filled in by burial-transit permit. Then please remave carban papers. Paburial, crematian, ar removal, and in any event within 72 haurs | | | ITY OR TOWN OF DEATH | | 11. N | AME OF HOSE | PITAL OR INS | TITUTION (If not in ho | spital 12a. US | UAL OCCUPATION | (Kind of work done | 125 KIND OF INDUSTRY | BUSINESS OR |
| Wif | , gele Σάς ξ | ζX | | drews AFB, | | Ma | lcolm | Grow | USAF Hos | pital "H | lousewit | life, even if retired) e | N | /A |
| pa | and campletely fill remave carban p | | 13a. admi | SUAL RESIDENCE (When | re deceased | fived: if institution in the country of the country | tion Residen | ice befare | I3c. CITY OR TOWN | 1400 5 | | REET AND NUMBER | | |
| ecul | ave Y.ev | | | ssion) STATE Maryla | | 130 COUNTY C | harle | 5 | Bryans Ro | au j | | Shiloh Ch | urch Ro | |
| | Te me re | | 14 F | ATHER S NAME Firs | | Middle | | Lost | PS. MOTH | IERS MAIDEN NAME | | Middle | | last |
| | F 25 E | | | | amin | Edward | | rence | 117 1170000 | Eva | <u> </u> | Ann | <u>C1</u> | ark |
| 2 | physician. signed by the attending physician and burial-transit permit. Then please remburial, crematian, ar removal, and in an | | 16a Y | WAS DECEASED EVER IN | U.S ARMED It yas give war o | r dates of service) | 228 | SECURITY N 18 84 | | t E. Pade | n 15 S | hiloh Ch.R | d Brys | ne DD M. |
| Ę. | phy en ova | | | | | | | | | | | 1111011 011.10 | | MATE INTERVAL |
| y ce | en Te | | | 18. CAUSE OF DEATH PART 1 DEATH WA | (Enter only o | one cause per | ne far (a), (l | b), and (c)) | 11 8 000 | -1 | | | BETWEEN O | HSET AND DEATH |
| leat | mit. | | | THE PERMIT | IMMEDIATE | CAUSE (a) | una | lac | 16 rollers | | | | | |
| Je c | per ian, | | | 567.0 | | DUE TO, CR | , | | | nt. Par. | a A . C A | 1.02 | | |
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| Ť. | fay by | | | stating the underlying | | DUE TO, OR | AS A CONSEC | QUENCE OF | | | | | | |
| res | ysici ned ial- | | | last, | , | (c) | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| ed to | P Sign | | | PART 2. OTHER SIGNIF | CANT COND | CONTRIB. | JING TO DE | ATH BUT NO | OF RELATED TO THE T | ERMINAL D SEASE OF | CONDITION GIVE | N IN PART I(o) | | |
| 3.5 | ling een the r ta | | 8 | rostope | ull | he 5 | tale | H | male | Nowel | 17000 | RELOK | | |
| D 9 | al ar attending physician. licate has been signed by far use as the burial-tras Heaith priar ta burial, cre | , | CERTIFICATION | 190 DATE OF OPERATION | 2 196 (0) | NDITION FOR W | ICH OPERAL | ON WAS PER | 1 | a AUTOPSY? | CALISE | YES, WERE FINDINGS C OF DEATH? NO | UNSIDERED IN C | KHETING |
| ₽ 1 | r at s ho | | RTIF | LS June 6 | 1 1110 | ll 17 | wel - | +15t | , | YES MO | | 110 | | |
| Ä. | icate far - | , | CALC | 21g ACCIDENT WAS UP | | 216 TIME O HOUR A.M. | | Day Year | 21c HOW INJ | URY OCCURRED (En | ter nature at inju | ry in Port 1 or Port 2, | Item 18.) | |
| | port parties of the | | | (If either, natify medical | al examiner | P.M. | | 19 | | | | | | |
| H. | by the hospi fter this certi be detached State Dept. at | | 2 | 21d. 1N.JRY OCCURRED While Not while | 21e. PL | ACE OF INJURY | AT HOME, FAR | M STREET FAC ING, ETC. | TORY.) 21f LOCATION | Street or R.F.D. N | la. City | ar Tawn | County | State |
| <u>د</u> ت | the det | | | ct wark T at work T | | | | | 191 | */ | 10-1 | 15 | 100 | |
| Ž. | Start Start | | | 22a. I certify that | t (I) (this | haspital) att | ended the | decease | ed from // // | <u> </u> | | accurred on the do | 67, that | (I) (we) last |
| EN I | R: A | | | causes state | asea anv dahave (| e an <u>-2.12-</u> () (we)(did) | (did nat) | view the | bady after death. | in (my) (our) a | pinion aeam | accurred on the do | ite and uant | ona tram the |
| A PA | State of the state | | | 22b. SIGNATURE/ | | 1 | (0.0.10.) | | 1. | | Л | 22c. | DATE_SIGNED | 1 0 |
| ~ | # 3 E E | | | x2ler | im | 1660 | rke | 1-14 | DEGREE F | ATTENDING PHYS | MED. DIRECTOR | STAFF D 2 | June | 691 |
| AL. | | | | 226. PHYSICIAN'S | , | | | 1 | 2 | 2e. ADDRESS | | | · · · · · · · · · · · · · · · · · · · | |
| = | ERA ERA | / | | NAME (Type) | John M | . Clar | ке | | | Malcolm | Grow Ho | sp. Andrews | AFB, | 1d |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be | Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health priar ta | 1 | 23a | BURIAL, CREMATION, | 23b DA1 | TE | 23c | NAME OF | CEMETERY OR CREMA | TORY | | Oh (City ar Tawn) | (County) | (State) |
| 0 | S D in the | | | BUY AT | 6-3 | 0-69 | 0 | ak G | rove | | Ports | smouth | | Va. |
| | • | l] | 24.] | AMM CHECTPun | eral | Home | Wald | O/101:22 | Md. | 25a REC'D | BY REGISTRAR | 25b REGISTRAR'S | SIGNATURE | |
| | VR A15 (4 30M REV 1) | /68 | | | | | | | | DATEU | 130 19 | 69 Millian | Can Horn | şc. |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08787 Item6 FilmG413 6/16/69 kk CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) SYLVIO RIBEIRO Month 8 Doy DE CARVALHO JUN 69Year 1115... 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years FILNOFR LYFAR IF LINDER 24 HRS B's birthday) Male Caucasian HOURS 8-5-1904 7o BIRTHPLACE (Stote or fore on 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED X NEVER MARRIED BWazil Brazil Prince George WIDOWED [7] DIVORCED [filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USJA, OCCUPAT ON (Kind of work done Malcolm Grow USAF Hosp Ambassador Andrews AFB 130 JSUAL RESIDENCE (Where deceased lived, if institution Residence before 113c CITY OR TOWN 3d ANSIDE CITY JIMITS? 13e STREET AND NUMBER 13b COUNTY Rio de Janerio N/A Brazil Lost 15. MOTHER'S MAIDEN NAME First s gned by the attending physiciary or buriol-transit perm.! Then please ri burial, crematian, or remaval, and in Zacarias Gois De Carvalho Eugenia Ribeiro De Carvalho 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17 INFORMANT Yes no, or unknown) Mr Oino Preto Brazidian Embassy D.C. 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)) Acute Renal Failure secondary PART I DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) to previous cardiac arrest & Pulmonary DUE TO, OR AS A CONSEQUENCE OF insufficiency. Conditions, if any, which gave) (b) Chronic pulmonary insufficiency rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF secondary to pulmonary stating the underlying cause () fibrosis etiology unknown. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 3 should be detached for use as the with the State Dept. of Health prior to After this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO K YES [210, ACCIDENT WAS UNDERLYING 21b. TIME OF INRIRY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 (Jem 18.) ATTENDING PHYSICIAN: TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certifica OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify med col exominer) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County Stote While Not while at work 22a. I certify that (1) (th's haspital) attended the deceased from 30 May , 1969, ta 8 Jun , 1969, that (1) (we) last saw the deceased alive an 8 Jun 1969, and that in (2012) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR director, page 3 should be filed v DEGREE 8 Jun 69 22d. PHYSICIAN'S 22e ADDRESS GODDSTEIN CAPT USAF MC MALCOLM GROW USAFHOSP ANDREWS AFB 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b. DATE 23d LOCATION (City or Town) (County) (Stote) Burial/Transit 6/10/69 Sao Joao Batista Rio de Janerio, Brazil, S.A. 5130 Wisconsin Ave., N. W. 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb. REGISTRAR S SIGNATURE VR A15 (4, 45M 1/69 Joseph Gawler's Sons, Washington, D.C.



| _ | 1 | | | AND STATE DEPARTMENT OF P | | |
|--|----------------|--|---|---|---|---|
| | | 08793 | DIVISION OF VITAL RECORDS | , 301 W. PRESTON STREET, BALT | IMORE, MARYLAND 21201 | 08788 |
| | It | m23 FilmGh15 8 | 8/11/69 kk | CERTIFICATE OF DEATH | | 00100 |
| £ _2,4 | 1 D | CEASED-NAME First | | Lost | 2a. DATE OF DEATH | 2b. HQUR |
| e di la contra di | -{1 | ype ar print) Mar | tu Jane | Degen | June Month & | y 1 year 9 1/3-M |
| | 3 51 | | 4. RACE | S DATE OF BIRTH | 6. AGE (In years | IF UNDER 1 YEAR I IE UNDER 24 HRS. |
| के श्रुव | | Gemale | White | Oct. 9. 188 | last historian | MONTHS DAYS HOURS MIN |
| hours hours hours | 7 _D | IDTHPLACE (State or foreign | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED | | |
| - '- ''- ''- ''- ''- ''- ''- ''- ''- '' | COVI | Wash. D.C. | 11.5.A. | WIDOWED DIVORCED | Bustovovovo | ce Georces Md |
| d within, 24 telebely filled is arbon paper arbon paper | 10. 0 | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR II give street addgess) | NSTITUTION (If not in haspital during m | AL OCCUPATION (Kind of work done est of work natifie) | 126 KIND OF BUSINESS OR LINDUSTRY, |
| d de le | | Cheverly | DOH Princ | e Georges Hosp. | ost of work ng life, even if retired) Tousewife | Own home |
| 9.000 | adm | USUAL RESIDENCE (Where deceases ssion) STATE Naritand | sed I ved, if institution Residence before 126. COUNTY Prince Georges | | 1001 STILLER THE ITEMINATION | St. Apt. 21 |
| e execut ond com remove | | ATHER S NAME First | Middle East | IS MOTHER'S MAIDEN NAME F | | Last |
| ond ond rem | | John | O Don | | | 20031 |
| ion ion ind | 160 | WAS DECEASED EVER IN U.S. ARM | MED FORCES? 16b. SOCIAL SECURITY | NO 17 INFORMANT | (larahler) Address | |
| AN: The law requires that the death certificate be exerted or ortending physician. It is been signed by the ottending physician and control to use as the buriol-transit permit. Then please remained the prior to buriol, cremation, or removal, and in any the control to buriol. | Y | es, naver unknawn) (If yes give v | war or dates of service) 577-05- | | -625 Sheraton St. | . Chillum Md. |
| cert Paph | | 18 CAUSE OF DEATH (Finter on | nly one couse per line (d/(a) (b) and (a | 11 1 - // | -11. 0 | APPROXIMATE INTERVAL BETWEEN AUSET AND DEATH |
| e death ce ottending permit. The | | PART I. DEATH WAS CAUSE | nly ane cause per live fat (a), (b), and (c) BY. | DATME SIE | My terus | Callas () |
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| the o | | Canditians, if any, which gave) | | 100 chrone | Llas John as | 201 Audon |
| y # tot | | rise to immediate cause (a), (| DUE TO, OR AS A CONSEQUENCE OF | | T-V- Mynucer | ari o junas |
| Urices the hysicion. Uniol, creamingly cream | | stating the underlying cause last. | (c) | | | |
| W = E E E | | PART 2. OTHER SIGNIFICANT COI | NDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE OR C | ONDITION GIVEN IN PART 1(a) | |
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| is be dis | ATTO | 19g. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION WAS P | ERFORMED 20c. AUTOPSY? | 206 IF YES, WERE FINDINGS | CONSIDERED IN CERTIFYING |
| hos se par | CERTIFICATION | MMO_ | | YES NO P | CAUSES OF DEATH? | |
| or or seaft | | 21a ACCIDENT WAS UNDERLYIN | | | r nature af injury in Part 1 ar Part 2, | Item 18.) |
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| YSI nosp cert cert chec | H | 21d INJURY OCCURRED 21e | | ACTORY) 21f. LOCATION Street or R.F.D. No. | City or Town | County State |
| the harm | | White Not while at work | OFFICE BUILDING, ETC. | 10, | (15) | ic . |
| DING 1 by th After 1 be d | | 220 Leartify that (1) (th | nis hospital) attended the decea | sed Ason AVI 192 | 1,100 well | , that (I) (Ne) last |
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| Ti So Si il | Н | | er (1) twe) (aid) (arguet) firm the | body after deale | | |
| Z Z Z S 3 | | 22b. SIGNATURE | HU911 HA | ATTENDING PHYS | NED STAFF INTERCTOR PHYS | DATE SIGNED 1969 |
| TAL O | | 22d PHYSICIAN'S | 21 | 22a ADDRESS | | |
| SPIT 4 mc er, F d be | | NAME (Type) | Robert C. Haile | 35 New | Unst Avenue, N.111 | • |
| O HOSPITAL Page 4 may O FUNERAL I director, pog should be fil | 23a. | BURIAL, CREMATION, 236 | | CEMETERY OR CREMATORY | 23d. LOCATION (Gy s Have) gt | op(County) C. (State) |
| 55° 5 € € | | REMOVAL (Specify) | me, 10, 1969 Mt. | Olivet Cemetery | Ekakkrabuta. | Vakusahil |
| VR A15 (4) | | FUNERAL DIRECTOR Smith | 1 chi 1 8434 Georgia | Spring. Md. DANJUN | | s signature |
| 30M REV 1/68 | We | uner E. Pumphi | reu. Inc., Silver. | Spring, Md. DANJUN | 1 0 1969 Milia | Cod James |



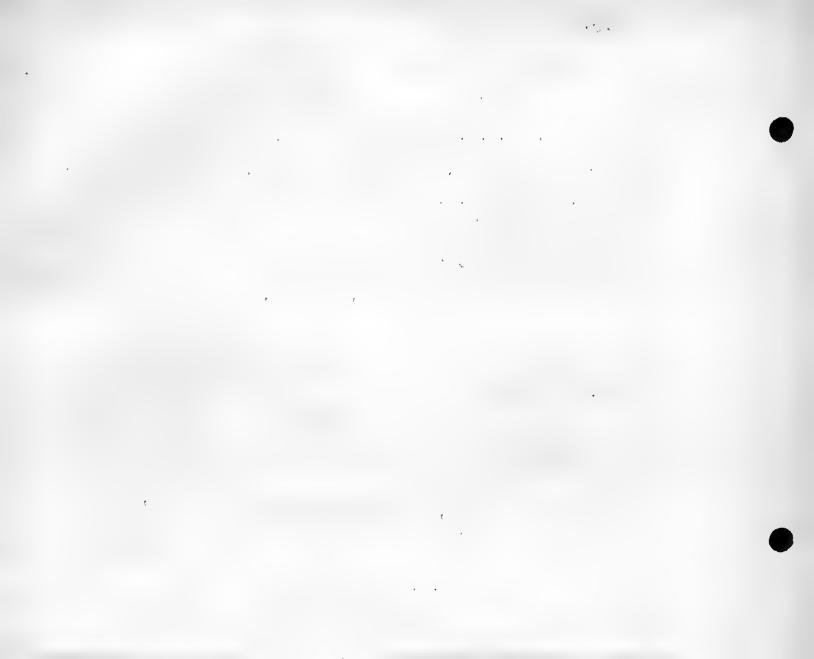
| | ı | 08794 | | | TE DEPARTMENT | | | | |
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| | | | DIVISION OF VITAL | | | | IARYLAND 21201 | 0000 | 2.0 |
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| ₽ (-{V (₽) | 3 5 | X | 4 RACE | | 5 DATE OF BIRTH | | 6 AGE (In years | FUNDER I YEAR | IF UNDER 24 HRS |
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| ₩ 10 M | Ia. | BIRTHPLACE (State or Fare:gn intry) | b. CITIZEN OF WHAT COU | NTRY? B. MARR | IED 🆰 NEVER MARRIED | 9. COUNTY | OF DEATH | | |
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| filled pape | 10. (| ITY OR TOWN OF DEATH | 11 NAME OF F | OSPITAL OR INSTITUTION | (If not in hospito: 1 | 2a USUAL OCCUPATI | ON (Kind of work done | 12b KIND OF | BUSINESS OR |
| riedy a | | Cheverly | Prince | dress) George's | Gen. Hosp. | D C Fir | ON (Kind of work done ng life, even if refired) | INDUSTRY Cl Gover | nment |
| ant, one | 13a | USUAL RES DENCE (Where deceases | lived if institution Res | dence before 13c (IT) | OR TOWN 134 IN | SHIDE CITY L M TS7 13e | STREET AND NUMBER | e do l'al | AMAZALA |
| The sea of | oum | ission) STATE MD | Prince Ge | orge's Riv | erdale YES | NO | 6705 Inghra | n_Stree | t |
| and completely file remove corban in any event, with | 14, 1 | ATHER S NAME FIRST | M ddle | Lost | IS MOTHER'S MAIDEN | NAME First | Middle | | Lost |
| be dr | | James | Dixon | | Is | sabelle | Lewis | | |
| ore icial leos | 160 | WAS DECEASED EVER IN U.S. ARME | D FORCES? 16b. SO | CIAL SECURITY NO. | 17. INFORMANT | D | Address | | |
| errificote be physician c nen please aval, ond i | | es, no, or unknown) (If yes give war | or dales of service) 578 | 3 48 5651 | Juesie L. | Dixon | Riverdale, | Md. | |
| na ma | | 18. CAUSE OF DEATH (Enter only | |) (b) ond (c).) | | | | APPROX A | MATE INTERVAL NSET AND DEATH |
| at the death cer the ottending p nsit permit. The motion, or rema | | PART I. DEATH WAS CAUSED | BY: E CAUSE (a) | conte (| coronard | occi | usin | 6 | Norse |
| orte | | 4114 | DUE TO, OR AS A COL | | | | | | |
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| that on. by t rons | | rise to immediate couse (a), stating the underlying cause(| DUE TO, OR AS A CON | ISEQUENCE OF | | die | | | |
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| aquires the physicion signed by buriol-troi | | PART 2 OTHER SIGNIFICANT COND | ITIONS CONTRIBUTING TO | DEATH BUT NOT RELATE | D TO-THE TERMINAL D SE | ASE OR COMPIT ON G | IVEN IN PART 1(o) | | |
| ng he lot | :22 | Hear | Elsa | melli | ture : (| de | Enchor | soul | remen |
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| Se pa app 7 | Ĭ. | | | | YES [| NO CAL | ISES OF DEATH? | | |
| or of earlier | | 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | | . HOW INJURY OCCURRE | D (Enter noture of i | njury in Port 1 ar Part 2, 1 | lem 1B.) | |
| Pife Pife of the | MEDICAL | (If either, notify medical examine | r) P.M. | h Day Year 19 | | | | | |
| R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 retained by the hospital or attending physician. ECTOR: After this certificate has been signed by the ottending physician and completely filled is should be detached for use as the buriol-tronsit permit. Then please remove corban paper with the State Dept. of Health prior to burial, cremotion, or remayal, and in any event, within 72 | 2 | 21d INJURY OCCURRED 21e. P | LACE OF INJURY (AT HOME OFFICE B | FARM, STREET, FACTORY) 21 | F LOCATION Street or F | R.F.D. No. (| ity ar Tawn | County | Stote |
| G PH7 the h this detac | ' | While Nat while at work | | | 10-1-101 | 10 | 11/11/1 | | |
| DING by t ifter be o Stote | | 22a. I certify that (I) (this saw the deceased ali | hospital) ostended | the deceased from | 0,0018 | ., 19 <u>.0</u> , to_ | 7/0, 194 | that | (I) (we) last |
| ENG R. A Cld | | saw the deceased ali- causes stated above, | ve an | t) view the bady of | ana that in (my) (a ar death | ur) apınıan deat | h accurred an the dat | e and hour o | and from the |
| ATT Or showing the | | 22b. S GNAYORE | (7) | 5. 0 | | | 22c. D | ATE SIDNED | 1 |
| OR GE TE | | "Melicia / | confin | en. Min | EGREE PHYS. | MED DIRECTOR | STAFF PHYS. | 1231 | 169 |
| AL O | | 2d PHYS CIAN'S | 1 | | 22e ADDRESS | S. Dinizerok | 111111 | | |
| ERA ELA | 1 | NAME (Type) Juli | us Kauffmar | M.D. | 6501 | Landover | Rd, Cheverly | Z, MD | |
| O HOSPITAL OR Poge 4 moy be r O FUNERAL DIRE director, poge 3 2should be filed v | 23a. | BURIAL, CREMATION, 236. DA | STE 2 | 23c. NAME OF CEMETERY | OR CREMATORY | 23d. LOC/ | ITION (City or Tawn) | (County) | (State) |
| TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us Schould be filed with the State Dept. of Healt | | REMOVAL (Specify) Jun | ne 25, 1969 | Cedar Hil | 1 Cemetery | Suit | | | ld. |
| 70 11320 | 24. | FUNERAL DIRECTOR Gasch's | Song Harry | ADORESS | 250. | REC'D BY REGISTRAF | 2Sb. REGISTRAR S | SIGNATURE | |
| 45M (1) 6 | | r. Gasch's | ~ons nya | LUSVIIIE, M | ĎA | IIN 2 7 19 | 69 Milanol | . Oneda | |



| , | | _ 1 | ŧ. | | | | STATE DEPARTMENT | | |
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| _ / | | | | 110100 | | CE | RTIFICATE OF DEAT | TH . | 08790 |
| | ÷ _ | 2 بر | | CEASED NAME First | | Middle | Q Lost a LEA | RLS 20 DATE OF DEATH | 2b HOUR |
| | lear | Tours after death. | (1 | ype or print) Ga | rnet | \mathcal{B}_{*} | TARKA. | Month | e 14 1969 12:05PM |
| | i e | - a | 3 St | v | | | 5 DATE OF BIRTH | 6 AGE (In y | |
| | he of | ges. | | [^] Male | 4 RACE White | | 27 SEPT | 1899 lost birthe | MONTHS DAYS HOURS MIN |
| | 5 (7 | | 70 (| SIRTHPLACE (Stote or foreign 7 | b citizen of what | COUNTRYS I R | | 9. COUNTY OF DEATH | YRS |
| | e / = | 2 P | COLI | try) | 2 4 | | MARRIED NEVER MARRIED | | |
| | e executed within 24 hours after death and completely filed in the funeral | bon papers within 72 hours | 10 (| TEL NOTS | | | MIDOWED DIVORCED | | RGE'S Md |
| | e fi | bon pap within | 10 (| THE WANTE DEATH | | et oddrese) | UTIDN (If not in hospital 120. | USUAL OCCUPATION (Kind of wor ng most of working life, even if r | tk done 12b K ND OF BUS,NESS OR |
| | wit fely | à 3 / / | | THENEKTA * | TRIN | CE GEORGE | | GET MASTER | U.S. Post office |
| | bed ble | e " | 13o odmi | USUAL RESIDENCE (Where deceosed ss op) STATE | 13F CULINIA | | | 13e STREET AND NU | |
| | Ling Wo | ove r ev | | MARYLAND | PRINCE | GEORGES! | YATTSVILLE YES | NOW 5340 CH | esapeake RD |
| | ex op | remove cart n ony event, | 14 F | ATHER'S NAME First | Middle | Lost | IS MOTHER'S MAIDEN NA | AME First A | Middle Lost |
| | 9 | 1 | | SHERMA | NI | EARLS | CORA | TWAN | DLF |
| | | olegse of ond i | | | FORCES? 16 | b SOC AL SECURITY NO | 17 INFORMANT | A | ME AS 13 |
| | that the death certificate on by the ottending chyston | isit permit. Then alease notion, ar removal, and | ľ | es, no, or Linknown) (If yes give war | or dates of service] | 2193888 | 51 ALICED L | SA SA | ME AS C 13 |
| | Te e | 10 P | | 18 CAUSE OF DEATH (Enter only | one couse ner line | | ^ - | N. 17 / | APPROX MATE INTERVAL |
| | di ib | Te T | | PART I DEATH WAS CAUSED I | 3Y. (a ~ | 22 | & Root 5 | For lung | BETWEEN ONSET AND DEATH |
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| P | ysic Jysic | 101 | | | (t) <u>#</u> _ | TIVERA | 1 authy) | | of years |
| N | | bu ba | | PART 2. OTHER SIGNIFICANT COND. | TIONS CONTRIBUTIN | G TO DEATH BUT NOT | RELATED TO THE TERMINAL DISEASE | E OR CONDITION GIVEN IN PART 1(o |) |
| 10 | w I ding | the r to | ĕ | | | | | | |
| 1. | The law attendin hos bee | Spira I | Æ | 190 DATE OF OPERATION 196. CC | NOTION FOR WHICH | OPERATION WAS PERFO | 200 11012131 | 206 IF YES, WERE FI | ND.NGS CONSIDERED IN CERTIFYING |
| , , | F to sh | SE € | CERTIFICAT ON | | | | | ∪ | |
| | N.N. I ou | or t | II CE | 210 ACCIDENT WAS UNDERLYING CAUSE OF DEATH | 216 TIME OF IN HOUR A.M | UURY Month Doy Yeor | 21c HOW INJURY OCCURRED | (Enter noture of injury in Port 1 or | Port 2, item 18) |
| | # 15 E | d fo | MEDICAL | Ilf either, notify medical examiner |) P.M. | 19 YOURTH DOY 1801 | | | |
| | PHYSIO pe hospi this cert | che Pt. | ME | 21d INJURY OCCURRED 21e Pl | | HOME FARM STREET, FACTOR |) 21f LOCATION Street or R F I | D No City or Town | County State |
| | he his | leta De | | While Not while of work | (OF | THE BUILDING, ETC | 1 | | |
| | NG Ny th | to te | | 22a. I certify that (1) (this | haspital) attend | led the deceased | from May 18 | 1989 to 4/100 91 | / 1962 that (1) (we) last |
| | A B B | d b e S | | saw the deceased aliv | e on Jun | 14 191 | , and that un (my) (aur | opinian death accurred an | /, 1967, that (!) (we) last the date and hour and from the |
| | OR Sine | lood th | | causes stated above, | (l) (we) (dıd) (di | d not) view the bo | ly ofter death | | |
| | ECT TE | × t × | | 22b. SIGNATURE | Da 0. 01 | 110 | ATTENDING | MED. STAFF | 22c DATE SIGNED |
| | - 08 e e e e e e e e e e e e e e e e e e | e de | | _ (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 200 | W | DEGREE PHYS | MED. STAFF PHYS. | |
| | ral Soy Al | bd d | | 22d PHYS CIAN S NAME (Type) | | A 11 2 1 A - 514 | 22e, ADDRESS | S = . Samuel | BI OPONES POR |
| | SPI 4 m | d b | | NAME (Type) OHAA | NE S | AHAKIM. | 1/ 16001 | Lauxover C | of Ceretory life |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been | director, page 3 should be detached for use as the buriol-fronsit permit. Then a snould be filed with the State Dept. of Health prior to buriol, cremotion, ar removal, | 23o | BURIAL, CREMATION, 23b DA | TE | 23c NAME OF CEN | ETERY DR CREMATORY | 23d LOCATION (City or Tox | wn) (County) (State) |
| | 500 | ip is | B | REMOVAL (Specify) 18J | UNE 196 | 9 South | CEMETERY | BASCO. IL | LINOIS |
| | | | 24, | JUNERAL DIRECTOR | . A. D. | ADDRESS | | C'D BY REGISTRAR 25b REG | ISTRAR'S SIGNATURE |
| | 4 | 'R A.5 4 SM - 1/69 | 11 | W. Enmille | , CO, KWY | rotall, 4 | Nay BASELI | N 1 9 1969 700 | ionly Indge |
| | | | | | | | | 7 1000 | - V 4 - 4 |



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|--|---|--|-------------------------------|-----------------------|---------------------|---|---------------------|--------------|
| | 08796 | DIVISION OF V | ITAL RECORDS, 301 | W. PRESTON STR | REET, BALTIMORI | E, MARYLAND 21201 | 08791 | |
| | 1)(1100 | | CERT | IFICATE OF | DEATH | | o o a wat | |
| 2 | 1 DECEASED NAME | First | M ddie | Lost | | DATE OF DEATH | | 2b. HOUR |
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| une de | | | ATMORNI | | | | | 11:15 |
| fren free free free | 3 SEX | 4 RACE | | S DATE OF BIR | | 6 AGE (In years last birthday) | | UNOER 24 HRS |
| 5 5 5 5 | Male | Whi | | April | 1, 1927 | 42 YRS. | 9413 | 70K3 Mily |
| 10 F 10 | 70 BIRTHPLACE (Stote or foreig | n 7b CITIZEN OF WHAT | COUNTRY? 8 MA | RRIED 🔲 NEVER MARI | RIED 9 COU | NTY OF DEATH | * | |
| 4 Zage | Washington D | .C. U.S.A | | | | rince Georg | Δ. | Md |
| Illec pop iin | IO CITY OR TOWN OF DEATH | 11 NAM | E OF HOSPITAL OR INSTITUTIO | N (if not in hospital | 12o. USUAL OCCU | PATION (Kind of work done | 12b KIND OF BUS | |
| 重 发酵 / | | give stre | eet oddress) | | during most of w | rorking life, even if retired) Lumber | I INDUSTRY | |
| y the state of the | Cheverly 130 USJAL RESIDENCE (Where | deceased lived if institution | ince George | TV OF TOWN | Ret. P | 13e STREET AND NUMBER | Constr | uction |
| npli ven | odm ssion) STATE | 13b COUNTY | | | YES X NO | | | |
| love loo | Md | F | | lside | | 1219 51st A | venue | |
| ond completely filled ar by the funeral remove corbon papers. Pages I and 2 in any event, within 2 hears after death | 14 FATHER'S NAME First | Middle | Lost | IS MOTHER'S MA | IDEN NAME First | Middle | | Lost |
| n o n o se l | Frank | | Eck | | Annabe | :11 | Br | own |
| ertificate by physician (pen please over, and i | 16g. WAS DECEASED EVER N U | S ARMED FORCES? 1: es give wor or dates of service} | 66 SOCIAL SECURITY NO | 17 INFORMANT | | Address | | |
| hys life | Yes, no, or unknown) (If | WW 11 | 577 32 1912 | Frank F | Cck Sam | e as #13 | | |
| death certificate be executed within 24 hours after death tending physician and completely filled at the funeral mit. Then please remove corbon papers, Pages I and 3, or removol, and in any event, within 22 hears after death | | iter only one couse per line | | | | <u> </u> | APPROXIMATE | INTERVAL |
| the death cer be attending p sisi permit. The motion, or remo | | CAUSED BY MMEDIATE CAUSE (o) Bro | | in hilato | mal come | 200 | BETWEEN ONSET | AND DEATH |
| de de la constant de | 110 11 | | | ia, bilate | rai, seve | 1.6 | | |
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| 京 京 皇 | rise to immediate cous | (b) | | | | | | |
| \ cre of or a th | stating the underlying (| ouse DUE TO, OR AS | A CONSEQUENCE OF | | | | | |
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| IAN: The low requires that the death certificate be executed within 2 al or aftending physician. Is of the low requires that the appending physician and completely filler to use os the buriel-transit permit. Then please remove corban page the office to buriel, cremotion, or removol, and in any event, within | PART 2 OTHER SIGNIFICA | NT CONDITIONS <u>CONTRIBUTIN</u> | IG TO DEATH BUT NOT RELA | TED TO THE TERM, NAL | DISEASE OR CONDITIO | ON GIVEN IN PART I(o) | | |
| 9 E E E E | E Diabetes | mellitus. | | | | | | |
| y she alon | 190 DATE OF OPERAT ON | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORME | D 20o AUTOP | SY? | 2Db IF YES, WERE FINDINGS | CONSIDERED IN CERTI | FYING |
| SPITAL OR ATTENDING PHYSICIAN: The low re 4 may be retained by the hospital or attending MERAL DIRECTOR: After this certificate has been for, page 3 should be detached for use as the 1d be filled with the State Dept. of Health prior to | 190 DATE OF OPERAT ON 210 ACCIDENT WAS UND | | | YES 🔀 | NO 🗔 | CAUSES OF DEATH? | | |
| or the control of the | E 210 ACCIDENT WAS UND | ERLYING 216 TIME OF IT | UURY | | _ | of injury in Port 1 or Port 2, | Item 181 | |
| | G CAUSE (If either, notify medical 21d INJURY OCCURRED) | OF DEATH HOUR A.M | Month Day Year | | (= 10 110101 | | 1011107 | |
| SSPi sspi erti ned t. o. t. | (If either, notify medical | | HOME CARM STREET EACTORY 1 | ocinou c | 0.5.0.44 | C1. V | | |
| P P P P P P P P P P P P P P P P P P P | While Mot while | The LEWIS OF HADOK! (DI | HOME, FARM, STREET, FACTORY.) | COT LUCATION STEET | OLKIN' MO | City or Town | County | Stote |
| OR ATTENDING PHYSICIAN: be retained by the hospital or SIRECTOR: After this certificate e 3 should be detached for u ed with the Stote Dept. of Heal | at work of work | | | | | 111111111111111111111111111111111111111 | | |
| Ste be see | 220. I certify that (| l) (this hospital) attend | ded the deceased from | n June o | 19 09 | ta_June_13, 19 | thot (I) | (we) last |
| ENI Red S: A | saw the deceas | ibove, (I) /(Ws) (did) (6 | 4 Ket Kugu the bady s | ., and that in (my |) (our) opinion d | eath accurred an the d | ate and haur and | d tram the |
| # 15 15 4 4 5 15 15 15 15 15 15 15 15 15 15 15 15 1 | 22b SIGNATURE | r (uld) | d die out of | ittel dedill. | | 1/02. | DATE SIGNED | |
| REC 33 S | | (1) | 00. h | DEGREE PHYS | G MED | 33AT2/ | | |
| | 22d. PHYSICIAN S | ver / /ce | eco, | DEGREE PHYS | DIRECTOR | PHYS L | 6/14/69 | |
| MD M | 510 00F (T) | showt Kallan | N D | | | | | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to | | obert Kelley | | | | <u>ge General H</u> | | |
| HC Gge | 23o BURIAL, CREMATION, REMODVAL (Specify) | 23b DATE | 23c NAME OF CEMETER | | 23d | LOCATION (City or Town) | (County) (| State)Md. |
| 5 5 5 × | Burial (Specify) | 6/16/69 | Cedar Hi | | | | rince Ged | rge |
| VR ALSTEN | 24 FUNERAL DIRECTOR | | ADDRESS | | 25a REC D BY REGIS | | | |
| 45M (188) | Francis Ga | sch's Sons 1 | Hvattsville. | Md | DALLIN 3 | 1969 Jahr | en Judge. | |



| *! | tom 231 Film G 41/4 MARTLAND STATE DEPARTMENT OF HEALTH |
|--|--|
| / | 7/3/65 11w 08797 CEPTIFICATE OF DEATH |
| * | CERTIFICATE OF DEATH UST 92 |
| 로 '- 2 로/ | DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR |
| erd and | Toseph 1 Fisenberg June 26 1969 4 3 AM |
| | SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS |
| € (a W €) | last buthday) MONTHS DAYS HOURS MINL |
| E 23 | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO MENTE MARRIED TO MARR |
| ha respective | INTRY) O |
| executed within 24 haurs after death a carpletely filled in by the Uneral and smove carban papers. Rage and any event, within 72 has senten death | POLAND U.S.A. WIDOWED & DIVORCED PRINCE GEORGE'S COUNTY MA |
| | CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done give street oddress) 120 USUAL OCCUPATION (Kind of work done live street) 120 USUAL OCCUPATION (Kind of work done live street) 120 USUAL OCCUPATION (Kind of work done live street) |
| 高麗 //) | WATTSUILLE, I'd HUATTSUILLE NURSING HOVE GARMENT WORKER WHOTH ING |
| rinted amplet ve car ve car | LISA RESIDENCE (Where deceased lived if institution Residence before 137 CITY OF TOWN |
| \$ 6 6 G | TISS ON) STATE Md Scy Montgomerg . Bilver Spring YES NO 1510 PAULA Dr. |
| and cony | FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First O Middle Lost |
| 6.2 | UNKNOEEN UNKNOEEN |
| ficate by ysician please of, and i | D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address |
| fica ysic ple ple | Yes no action product (If yes give wor of dales of service) |
| phy phy sen | 110 - 08/03-13/9Mr Herman Bregman 1510 Paula D 55m |
| re death ce attending permit Th | APPROX.MATE INTERVAL PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY |
| ne deat attend permit ian, or i | IMMEDIATE CAUSE (a) PULMONDRY CARCINOMATOSIS 8 WKS. |
| att an, | 160 Due to, or as a consequence of |
| the sit | Conditions, if any, which gave |
| tha In. by ran ran | rise to immediate couse (a), (DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF |
| es sicio ed al-ti | lost. (c) |
| equires that the death certif physician. signed by the attending phy burial-transit permit. Then burial, crematian, or remava | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) |
| | PULMONARY EMPHYSEMA . ARTERIOSCLEROTIC HEART |
| IDING PHYSICIAN: The law r d by the hospital ar attending After this certificate has been d be detoched for use as the s State Dept. of Health priar to | 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING |
| he street | YES NO TECHNOLOGY CAUSES OF DEATH? |
| AN: The | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) |
| AN cal of for for Hec | TOR CONTRIBUTING TICALISE OF DEATH HOUR A M. Month Dow Year |
| IYSICIA hospital certific ched fo pt. of H | [If either, notify medical exominer) P.M. 19 |
| S PHYSICIAN: the hospital ar this certificate detoched for u e Dept. of Heal | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) While Not while 21f. LOCATION Street or R.F.D. No. City or Town County Stote |
| the third det | of work — I |
| ATTENDING etained by th CTOR: After I should be d | 22a. I certify that (I) (this haspital) attended the deceased from 1969, and that in (my) (our) apinion death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death. |
| ed in A | saw the deceased give an 6-30-1967, and that in (my) (our) apinian death accurred on the date and haur and fram the |
| OR ATTENIOR STREAM STRE | |
| OR A ANIMEC 3 seed will | ATTENDING ATTENDING STAFF |
| be be | XElizerul H. Neithur DEGREE PHYS DIRECTOR D STAFF DI 627-69 |
| TAI AI Po | PAN. PHYSICIANS DRISAMUEL A. HILLAMAN 220 ADDRESS 8829 FLOWER AVE |
| Page 4 may be retained Foge 4 may be retained FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the | SIGNER SPRING MUN -19901 |
| HO FUN FUN | BURIAL (REMATION. 23d. DATE 072 160 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) |
| 5 5 5 p | BEHOLD (SPECK) C (11/1/14) DETH EL LEM. PARAMUS, W.J. |
| | FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE |
| VR A15 (4) 45M - 1/69 | redlentimeral Ffma 4217977 State DATE!! N 3 0 1969 yoursely Vinday |
| | |



| < 1 | Ttems 18&22a Film 415 MARYLAND STATE DEPARTMENT OF HEALTH [7-31-69 ams Division of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | 2 14 15 25 |
|--|--|---|
| FOR STATE | 08798 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 3793 |
| HEALTH DEPT. | 1. DECEASED-NAME First Middle Lost 2a DATE KNOWN Month Day | Yeor 2b HOUR |
| of e to | (Type or Print) Mary A. Emmanuelli OF ESTI- DEATH MATED 6-8-69 | 17:30am |
| deloy | 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years of JNDER 1 YEAR of JNDER 24 HRS 2c DATE PRONOUNCED DEAD | 24 HOUR |
| TO THE REAL PROPERTY OF THE PERTY OF THE PER | remale white 1/4/32 37 yrs 69 | 197:53am M |
| or I sold | Cauntry) Penn. Country Penn. Country Penn. Country Penn. Country Penn. Country Penn. Country Penn. Country Penn. Country Penn. Prince Georges | м |
| Start Start | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ND OF BUSINESS OR |
| o w de | | in Co. |
| d within 24 hours after death in pencil in Item 18. Give Pages Examiner's Office along with for File pages I and 2 with the State, in 72 hours after death. | 13a USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN admission) STATE Md. 13b COUNTY P. Geo. 13c CITY OR TOWN Cottage City: No 3700 37th Place | |
| on of the or of | 14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle | Last |
| irs (es 1) | Robert A. Saul 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS | |
| I within n pencil Examine Examine File pag | (Yas no, or unknown) (if yas grave or dotes of service) 577 40 3271 Nelson E. Emmanuelli Same (Husi | band) |
| led to le | IB. CAUSE OF DEATH (Enter only one cause per line for (q), (p), and (c).) | APPROXIMATE INTERVAL TWEEN ONSET AND DEATH |
| Serut Jing edic edic wit | IMMEDIATE CAUSE (c) Bronche pneumonia, Dilateral | |
| e ex penc of M sit p | DUE TO, OR AS A CONSEQUENCE OF | |
| shauld be executed to ward "pending" is a the Chief Medical burial-transit permit in any event with | nse ta immediate cause (a). | |
| wa wa the the n arial. | last. | |
| This certificate shauld be executed within 24 ficate, writing the ward "pending" in pencil in 1 be farwarded ta the Chief Medical Examiner's d be used as o burial-transit permit File pages 1 ar removal, and in any event with.n 72 haurs c | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| his certifica ate, writing e farwarder be used as | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 2 | O. AUTOPSY? |
| far | WAS PERFORMED? | YES NO |
| = = = = | 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2 D EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. HOUR A.M. 19 20 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING P.M. 19 214 INVIEW OF COURSED 1216 PLACE OF IN JURY At home form street 215 IOCATION Street or R.F.D. No. (Output Days) (Output Days) (Output Days) | |
| | The state of the s | ty State |
| XAM tre the the ge 4 your your crem | WHITE NOT WHITE AT WORK AT WORK AT WORK | |
| ICAL EXA e execute far. Page ed far you CTOR: Pag burnal, cre | 22a. I certify that I taak charge of the remains described above, held an Autopsy 🕱, Inspection 🗷, Inquiry 🗍, o | and in my opinion |
| olica ctar. | death resulted fram: Natural causes 3, Middent , Suicide , Hamicide , Undetermined manner | |
| please e. I directar. retained | ACTUAL CHIEF MEDICAL EXAMINER C | |
| ry, pleceral director be reto | SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220. DATE STORED | 2 |
| o DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 45 may be retained far your 5 FUNERAL DIRECTOR: Page Health priar to burial, crem | NAME (Type) John Kehoe M.D. Riverdale, Md. ADDRESS(Street, city town, ar county) | 7 |
| TO DEPUTY DICAL necessary, please ex the funeral directar. 5 may be retained f TO FUNERAL DIRECTO Health priar to burn | 23g BUR AL CREMATORY 23b DATE 23c NAME OF (EMETERY OR CREMATORY 23d LOCATION (City or Town) (County | |
| | Bernell Specify 6/12/69 Ft. Lincoln Colmar Manor P. G | i i |
| CO | 24. FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 256 REGISTRAR 3 S GNAIL | Judge. |
| VR A15ME (5) | Francis Gasch's Sons Hyattsville Maryland DATEJUN 13 1969 | 7 6 |

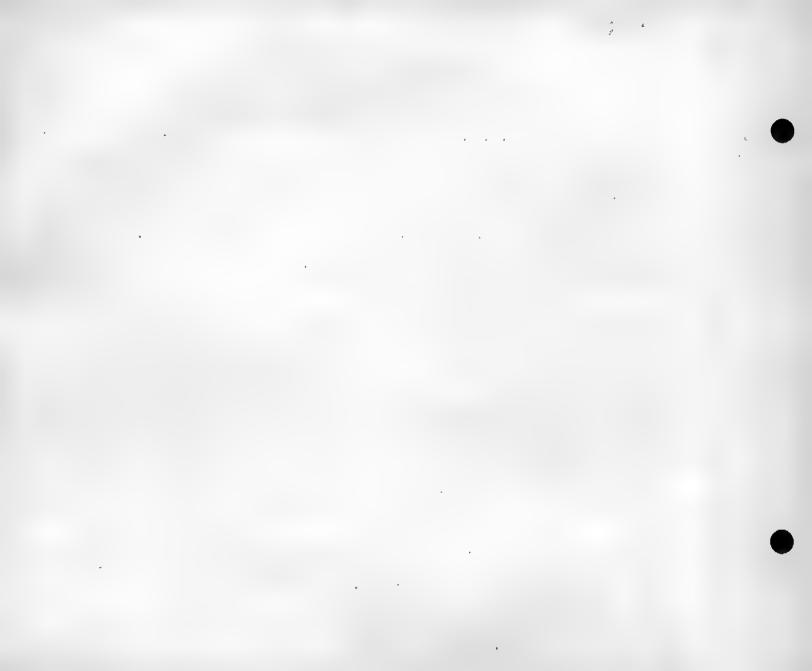


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08794 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. Frest 1 DECEASED-NAME Middle Last 2a DAFE KNOWN 25. HOUR Month Yeor (Type or Print) EST -Jr. 169 unkno Enos Oscar DEATH MATED IX 3. SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF JUIDER 24 HRS S DATE OF RIRTH 2r DATE PRONOUNCED DEAD 2d HOUR 17 Mar 1923 TAF 19 69 M Day Year 46 7a BIRTHPLACE (State or fore an 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH the State Dep Maryland Prince George U.S. WIDOWED [D:VORCED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12o. USJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 3109 75th. Ave. Apt.10 duung most of warking life, even il retired)
Electrical engineer INDUSTRY Safeway Landover alang with 13d. INSIDE CITY LIMITS? 130 USUAL RESIDENCE (Where deceased lived, funstitution Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER admission) STATE 13b COUNTY 75th Ave. Prince George Hvattsviller NO 24 haurs and 2 v after in Megn Office 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First cast Middle Last. Ida Charles Lee Oscar Enos Crane haurs 160 WAS DECEASED EVER IN U.S. ARMED EORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS penc (Yes, na, ar unknown) 235-28-3468 Mrs. Marie Compton Martinsburg. APPROXIMATE INTERVAL within be executed 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Days pending Liver failure IMMEDIATE CAUSE (o)_ event DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave Cirrhosis of liver Over k vr rise to immediate cause (a), This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse _ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remayal, 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? execute the certificate, YES X NO F 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. **EXAMINER:** crematian, CAUSE OF DEATH 21d NJURY OCCURRED 21e. PLACE OF INJURY (At hame farm, street, 21f LOCATION Street or R F D No. City or Tawn Caunty Stote factory, office building, etc.) AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection X Inquiry 7 and in my apinian Natural causes x / Accident retaimed death resulted fram: Suicide Homicide | Undetermined manner please CHIEF MEDICAL EXAMINER prior ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER 3 Kehoe. Riverdale **EXAMINER'S** NAME (Type) ADDRESS(Street, city town, or county) the 231 23g. BUR.AL, CREMAT.ON, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) 6-29-69 Burial Rosedale Cemeterv Martinsburg Rerkel ev 24. FUNERAL DIRECTOR 250 REC D BY REGISTRAR VR A15ME (5) Williams and and ar 1969 Home Brown Funeral Martinsburg 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



| Com 1 | 1 4 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|---|--------------|--|---|
| FOR STATE | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08795 |
| HEALTH DEPT. | 1 0 | | Doy Yeor 2b HOUR |
| .v □ 0 ~ | (| (Type or Print) | |
| 3m 2 n A | 3 5 | | -69 12: 30am M |
| deloy and 3 | | Male White 1-7-1926 43 YRS HOURS MIN 6 Manth 8 Day | 69 19 11 00am |
| 200 | | BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH | 69 17 1 1 1 OUATR |
| ZEE | | Ohio U.S.A. WIDOWED DIVORCED Prince George's | M.I |
| 를 받고 를 | 10. 0 | CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUA, OCCUPATION (Kind of work done | 126 KIND OF BUSINESS OR |
| e de la companya de l | | Adelphi give street address) Adelphi 9326 Lynmont Drive during most of working life, even if retired) | Construction |
| after d 8 Give alang with the | 130 | USUAL RES DENCE (Where deceased lived, finishing on Residence before) 3c CITY OR TOWN [13d INSIDE CITY LIMITS? [13e STREET AND NUMBER | |
| 2 w | 0 | odmission) STATE NO 13b (COUNTY Prince George's Adelphi YES NO 19326 Lynmont D | rive |
| INER: This certificate should be executed within 24 hours after death a certificate, writing the word "pending" in penal in Item 18 Give Pagishauld be farwarded to the Chief Medical Examiner's Office along with files. 3 should be used as a buriol-transit permit. File pages Land 2 with the Standian, ar removal, and a any event within 72 hours after death. | 14 - | FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle | Lost |
| 24 r's (| | John H. Evans Gertrude E. | Dixon |
| hin 24 nal in niner's pages haurs | 160 | WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Yes, no or unknown) (If you was not of described service) 297. 18.9652. To an .T. E. yans. Same as #13 | |
| in per Exam File ; | | Yes, no or unknown) (If yes are street defining is service) 297 18 9652 Joan J. Evans Same as #13 | |
| hould be executed with word "pending" in perthe Chief Medical Exarunol-transit permit. File any event within 72 | | 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY. | APPROXIMATE INTERVA, BETWEEN ONSET AND DEATH |
| ecu ling edic erm with | | IMMEDIATE CAUSE (a) LIVET TAILUTE | |
| f M f mit p | | DUE TO, OR AS A CONSEQUENCE OF | |
| d the Chie | | Conditions, if any, which gave rise to mimed at a cause (a). (b) Cirrhosis of liver | |
| wor wor he iol-1 | | stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| ite should be executed the word "pending" i d to the Chief Medical a bunol-transit permit. | | | |
| JICAL EXAMINER: This certificate should be executed by, please execute the certificate, writing the word "pending" in eral director. Page 4 shauld be farwarded to the Chief Medical Ese retained far your files. **AL DIRECTOR: Page 3 should be used as a bunol-transit permit. Figure to bunal, cremation, ar removal, and in any event within | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| rrtifi vard ed c | TION | 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION | 2D AUTOPSY? |
| e, v farv e us | CERTARCATION | WAS PERFORMED? | YES 😿 NO |
| LAL EXAMINER: This certificate, writant. Page 4 shauld be farwar for your files. TOR: Page 3 should be used urial, crematian, ar removal | CERT | 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter notice of in Jry in Part 1 or Part 2, 61 | |
| ER: Certificated and a serial designation of the serial designation of | MEDICAL | PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH P M 19 | |
| | 景 | 21d INJURY OCCURRED 2 e PLACE OF IN. JRY (At hame, farm, street, 21f LOCATION Street at R.F.D. No. City or Town | County Stote |
| ITY SICAL EXAMINER: ITY, please execute the certiferal director. Page 4 shauld be retained for your files. RAL DIRECTOR: Page 3 shou prior to burial, crematian, | | WHILE AT WORK AT WORK factory, affice building, etc } | |
| L EXA tecute Page far you R. Pag | | 22a. I certify that I took charge of the remains described above, held an Autopsy 🔼 Inspection 🔼 Inquiry | , ond in my opinion |
| ICA ed ed ed ed bur | | death resulted from: Natural causes 🔀, Micident 🗌, Suicide 🔲, Hamicide 🔲 Undetermined manner | |
| please directine cetaine or to t | | CH EF MEDICAL EXAMINER | |
| ry /, pl /, pl ral o ral o srio | | SIGNATURE | |
| EPUTY CALCA SSSORY, please extended director. ay be retained in MERAL DIRECTOR. Ith prior to bur | | EAAMINER 3 | 9-69 |
| necessary, please execute the funeral director. Page 4 5 may be retained far your to FUNERAL DIRECTOR: Page Health prior to burial, crem | - | NAME (Type) John/Kehoe MD Riverdale, Md. ADDRESS(Street, city, tawn, ar county) | |
| 57 c ± 20 H | 230 | BUR AL (REMATION), 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 6/11/69 Baltimore National Baltimore Bal | (County) (State) |
| | | urial 6/11/69 Baltimore National Baltimore Bal | timore Md. |
| VR A15ME (5) | 1 | Example Carchia Sang Hyattavilla Md | SIGNATURE |
| 10M PEV 1/68 | - | Francis Gasch's Sons Hyattsville, Md. DAN 17 1303 | |
| 4 | | | |



| . 0 | | 08801 | | | DEPARIMENT OF | | | | |
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| |] | tem3 FilmGullu | DIVISION OF VITAL RECOR | | RESTON STREET, BAL | | YLAND 21201 | 0879 | 7 |
| or death. | 1 D | CLYI | Middle | FAR | Lost | JUNE | Month 18 Day | 69 Yeor | 2b. HOUR A |
| and the state of t | 3 SI | X FEMALE | 4 RACE CAUCASIAN | | 5 OCT 190 | 5 | 6 AGE (In years lest birthday) YRS. | MONTHS DAYS | IF UNDER 24 HRS HOURS MAN |
| in 24 hours | COU | NORTH CAROLI | | MIDOMED | C. I have | | GEORGE | | Md |
| cutad within 24 Inhibited in ve carbon paper event, within 72 | A | NDREWS AFB | 11 NAME OF HOSPITAL Of give street address) MALCOLM ed lived, finstitution Residence bet | ROW US | AFHOSP du NU | RSE working li | Kind of work done fe, even if retired) | 126 KIND OF B INDUSTRY HOSP | |
| e executada with and cample lety tremove carban and event, with | odm | ission) STATE NORTH CAROLLI ATHERS NAME First | NA WILSON Middle Lo | WILS | uec r=3 | NO [603 | B WHITEHI | EAD AVI | |
| be ex n and ne rem fin an | ' | EDWIN | G FAR | | Unknow | | | | Lost |
| ertificate be physician c nen please iaval, and ii | 160 N | WAS DECEASED EVER IN U.S. ARM | MED FORCES? Ser or dollor of service) 16b SOCIAL SECUL 2413230 | | INFORMANT LLIE G FAR | 721 RMER TU | JCSON AR | | |
| equires that the death c physician. signed by the attending burial transit permit. The | | PART I DEATH WAS CAUSED IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost | DAY OPE COUSE PET line for (o), (b) ONG DBY TE CAUSE (o) DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) DOTTIONS CONTRIBUTING TO DEATH BE | Caro | 20 T. Bles Um. airi | e ane | IN PART 1(0) | APPROXIM BETWEEN ON | ATE PHTERVAL SET AND DEATH |
| YSICIAN: The law relacions as a steel of a second of a | CERTIFICATION | 19a DATE OF OPERATION 19b (| CONDITION FOR WHICH OPERATION WA | | 20a. AUTOPSY? YES NO [| CAUSES | res, were findings (o DF DEATH? | | RTIFYING |
| SICIAN: spital a sprital a serrificat ed far af Hec | MEDICAL C | OR CONTRIBUTING CAUSE OF OEATH | H HOUR A.M Month Doy 1 | feor 19 | OW INJURY OCCURRED (Ent | | | , | |
| DING PHYSICIA I by the haspita After this certifia I be detached for | | of work of work | PLACE OF INJURY (AT MOME, FARM, STREE OFFICE BUILDING ETC | | | | r Town | County | State |
| ATTENDING trained by the Stauld be a staul | | 22a. I certify that (1) (thi saw the deceased of causes stated above 22b. SIGNATURE | s haspital) attended the declive on 18 Jun , to (we) (dix) (did nat) view | | d that in (mg) (aur) of death | 69 , ta 18 pinion death oc | | g , that te and hour a | (★(we) last and fram the |
| D HOSPITAL OR ATTENI Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the | | 22d PHYSICIAN'S | LA Ca | DEGR | 22e. ADDRESS | | STAFF D 18 | Jun 69 | |
| TO HOSP! Page 4 n TO FUNER director, shauld b | 230 | PRANK (I De) CUMAL (REMATON, 23b D REMOVAL (Specify) | | OF CEMETERY OR | CREMATORY | | AFHOSP A | NDREWS (County) | (Stote) |
| VR A15 (4) 45M - 1/69 | 24 | FUNERAL DIRECTOR | bers to. 517- | II THE | A-E 250 REC D | BY REGISTRAR 196 | 25b REGISTRAR'S | SIGNATURE | 14. |



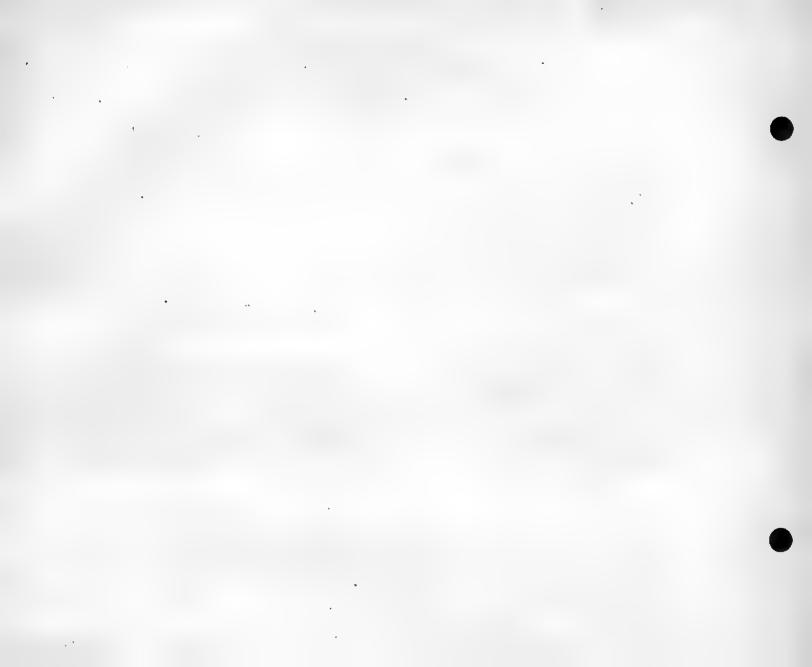
| | \ 1 / | r | 08802 | חועוגוחא ח | MARYLAI S VITAL DECODOS | VD STATE D | EPARTMENT OF | HEALTH | ADVIAND OF | 001 | | |
|--|---|--|---|---------------------|--|--------------------------|------------------------|----------------|-----------------------------------|------------------|---------------------------------|-------------------------------|
| | 75/ | I | N88UZ temsó&7 FilmG41 | 4 7/17/ | 59 kk | CERTIFICA | TE OF DEATH | TIMORE, M | AKILANU ZI | 201 | 0879 | 8 |
| | de de la | 1 D | ECEASED NAME First Type or print) Ralph | | Middle | | lost dder | | OF DEATH June | 4 Day | | 26 HOUR 5:30A M |
| | the fur | 3. 5 | Male | 4. RACE | White | 5 | DATE OF BIRTH 11-08-07 | | 6. AGE (In ye | | | IF UNDER 24 HRS. HOURS MIN |
| • | 24 haurs ed in by pers. P | cau | BIRTHPLACE (State or foreign ntry) unknown | 76 CIT.ZEN OF V | VHAT COUNTRY? | MIBOMED | NEVER MARRIED | 9. COUNTY | OF DEATH | | 6 | Md. |
| | within tely fulk | | CITY OR TOWN OF DEATH Cheverly | give | | orge's G | en. Hospring | most of work: | | t.red.) | 12b KIND OF B INDUSTRY | USTNESS OR |
| | cample cample ave ca | odm | USUAL RESIDENCE (Where deceas MD | 13b COUNTY | ce George | s Hyatt | sville YES 🗆 🗆 | NO 🗀 | STREET AND NUM 5612 Ch. | illu | m Hgts. | Drive |
| | be ex in and se rem id in an | | FATHER S NAME First | M ddte | Last | | NOTHER'S MAIDEN NAME | First | | ddie | | Lost |
| physical and an area of the second and the second a | | . WAS DECEASED EVER IN U.S. ARN fes, na, ar unknawn) (14 yes give w | TED FORCES? ar or dotes of service) | 16b SOCIAL SECURITY | NO 17 INF | ORMANT | | Ade | dress | | | |
| HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely fulled in by the fune director, page 3 should be detached far use as the burial-transit permit. Them please remove carbon pagers. Pages 1 a d d standard be detached for use as the burial-transit are movel, and in any event, within 72 hours offer dear | | | 18. CAUSE OF DEATH (Enter on PART 1 DEATH WAS CAUSED IMMEDIA Conditions, if any, which gave) use to immediate cause (a), | TE CAUSE (o) | ine far (a), (b), and (c cute pulmo AS A CONSEQUENCE OF Etiology | nary ed | | | | | BETWEEN ON | ATE NTERVA. SET AND DEATH |
| + | uires the ysician. gned by rial-trarrial-trarrial, crei | | stoting the underlying couse last | (c)FC | AS A CONSEQUENCE OF | o-pneum | | | | | | |
| 183 | The law requires the attending physician, has been signed by se as the burial-traith priar to burial, cre | CERTIFICATION | | CONDITION FOR W | HICH OPERATION WAS P | | 20g AUTOPSY? YES NO [| 20b | IF YES, WERE FIN SES OF DEATH? | | ONSIDERED IN CER | RTIFYING |
| | rsician: "aspital or certificate hed far us t. of Healt | DICAL | 21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin 21d INJURY OCCURRED 21e. | HOUR A.M. | Month Day Year | 9 | INJURY OCCURRED (Ent | | jury in Part 1 er ty ar Town | Part 2, I | | State |
| | ENDING PHYSICIAI ned by the haspital R: After this certifice uld be detached fa the State D≣pt. af H | | While Not white at wark of wark of wark at wark 22a Certify that XIX (the saw the deceased all causes stated above | s haspital) at | office Building etc | ed from 19.69 , and t | May* 28 , 196 | | ' | , 19_ the dot | County 69 , thaX te and hour a | |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law in Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the state Dillector of Health practor. | | 22b. SIGNATURE LIVE | Beuch | المراه المرا | DEGREE | | MED DIRECTOR C | STAFF A | 6- | DATE SIGNED | |
| | O HOSP Page 4 O FUNES director | 23a | BURIAL (REMATION) 23b D | | /1 | CEMETERY, OR CR | | 23d JD6A | General Government of Tow | | (County) | (State) |
| | VR A15 4 A | 24 | FUNERAL DIRECTOR | | ADDRESS | | 2Sa RECD | BY REGISTRAR | 25b REG | STRAR'S S | SIGNATURE CARACTER | e. |



| | 11 | | IND STATE DEPARTMENT OF HEALTH | |
|--|---------------|--|---|---|
| | - 1 | DIVISION OF VITAL RECORDS | S, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
| 7 | | 08803 | CERTIFICATE OF DEATH | 08799 |
| r death uneral and 2 death. | | DECEASED NAME (Type or print) Middle | Jeite 1 20 DATE OF DEATH Month | Doy Year 2b. HOUR D |
| | 3 5 | SEX Male 4 RACE 2 Skite | S DATE OF BIRTH 9-1-94- 6 AGE (In years lost hirthday) YR | NONTHS DAYS HOURS MAIN |
| S S S S S S S S S S S S S S S S S S S | | BIRTHPLACE (State or fore gn 76 CITIZEN OF WHAT COUNTRY? | B MARRIED NEVER MARRIED COUNTY OF DEATH | 1 |
| filled in papers | | NEW JERSEY, U.S.A | WIDOWED DIVORCED Prince | eorges Md |
| within 2 filled bas pay | | Adelphi 1 18014 | INSTITUTION (DO IN PROPOSED TO LESS ALL OCCUPATION (Kind of work don CETZER OTT COLLECTED MORK ng ife, even if retired | e 12V KIND OF BUSINESS OR INDUSTRY |
| ond completely remove corbon in any event, with | 13o | OUSLAT RESIDENCE (Where deceased lived, if institution Residence before 13th COUNTY | 13c CTY CIR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER SILVER SPE YES NO HOW | t Count |
| exection and cany e | 14 | FATHER'S NAME First Middle Lost | IS MOTHER'S MAIDEN NAME First Middle | Lost |
| be be no or | | HERMAN FEIT | | |
| rtificah ohysicie en plec | | c WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (1 yes give mor of doles of service) 136-05 | | |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed-within 24 haurs after death be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campitally filled in by the funeral e 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers frees and ed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 laurs to death | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE (C) | the follow our | APPROXIMATE INTERVAL BETWEEN ONSET AND OBATH C/K'CA / LUEGO |
| at the | | Conditions, if ony, which gove) rise to Immediate couse (a), (b) | | |
| squres the physician. Signed by burial-tral | | stoting the underlying couse DUE TO, OR AS A CONSEQUENCE (c) | | |
| r required physics of significations of the physics | 2 | MAUICIN SUNIS | NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
| N: The law re ar aftending the has been ruse as the seath priar to | CERTIFICATION | 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS | | S CONSIDERED IN CERTIFYING |
| A: The state of the second of | | | 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port | 2, (tem 18) |
| SICIA spital prital spital spital | MEDICAL | To contributing Cause of Death HOUR A.M Month Day Ye (If either, notify medical examiner) P.M. | 19 | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shau d be detached far use as the shauld be filed with the State Dept. af Health priar ta | × | 21d. INJURY OCCURRED While Not while of work of work of work | FACTORY 211 LOCATION Street or R F D No City or Town | County State |
| NDING ed by 1 after 4 d be 0 | | 22a. I certify that (I) (this hospital) attended the deceased at yean | 19 (7, and that in (my) (our) apinion death occurred on the | 19_6, that (I) (we) last dote and hour and from the |
| OR ATTENI be retained DIRECTOR: A je 3 shau d | | couses stated above, (I) (we) (did) (d. and) view th | e body after deoth. | ZC DAYE SIGNED |
| DIRECT WHITE | | Favrence D. Marci | DEGREE PHYS DIRECTOR DISTAFF D | 6/25/69 |
| SPITAL 4 may IERAL (ar, pag d be fil | | 22d PHYSICIÁNS NAME (TYPB) LAWRENCE D. MA | -RCUS 1111 SPRIME ST. SILV | (FR. S.P.G. Med. |
| TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil | 230 | PEMIDVAL (Specific) | OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) LEBANON CETY, ISELIN NE | ((county) (Store) JERSEY |
| ₩ ₩ VR A15 (4) 45M + 1769 | 24. | FUNERAL DIRECTOR ADDRE | | R'S SIGNATURE |
| 40#4 · 17 09 | | | יייין לסכו ע פאטויי | |



| . 1 | | MARYLAND STATE DEPARTMENT OF HEALTH | |
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| 500 000 | | 08804 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | 800 |
| FOR STATE | _ | MEDICAL EXAMINER 5 CERTIFICATE OF DEATH | |
| HEALTH DEPT. | | DECEASED-NAME First Middle East 20 DATE KNOWN Month Da (Type ar Print) | , |
| × 2 8 m m | , | Amelia Lou Fletcher DEATH MATER 6-23- | 69 1912:05am |
| <u>≧</u> ~ € [V]) | 3 5 | | 2d HOUR |
| 2, and 3 to | F | emale White 8-19-1908 60 YRS MONTHS DAYS HOURS MAN Month 2 Days 6 | 9 Year 191:25am M |
| | | B RTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH | |
| after death 8. Give Poges 1, olong with form with the State De | can | West.Va USA. WHOOWED DIVORCED Prince George's | Md. |
| Give Poges Give Poges ang with for th the State | 10. | CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 1/2a USUAL OCCUPAT ON (Kind of work done 1/2b | KIND OF BUSINESS OR |
| affer death B. Give Pog olong with with the Sta | | Cheverly Prince George Hospital Social Director | ospital |
| GGV Ship That | 13a | I USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR FOWN 13d. MSIDE CITY LIMITS? 13e STREET AND NUMBER | USDIVIT |
| s after 18. Grandler solong with death, | ٥ | Taryland Prince George's Riverdale YES NO 6014 67th. Plac | е |
| 24 hours in Hear III | | FATHER S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle | Lost |
| E # 21 5 5 | | Cady Burton Winfred Painter | n. |
| hin 24 ncel in niner's poges hours | 16a. | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS | , |
| mir mir po | (| (Yes, no, or Unknown) (Hyes give wor or dotes of service) 578-07-0200 Dr Warren G.Fletcher. same a | as #13e |
| be executed within pending in pending in pendine hief Medical Examine, onsit permit. File page event within 72 hou | - | | APPROX MATE INTERVAL |
| xecuted nding" ir Medical I permit. it within | | 18 CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c)) PART I DEATH WAS CAUSED BY Lionart for June | minules |
| dimic dimic bedin | | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure Let / Due to, or as a consequence of Hypertensive arteriosclerotic heart | III III COOD |
| be executed "pending" in hief Medical E. onsit permit. Feerent within | | | over 5 yrs |
| Chic Chic | | rise ta immediate cause (o), (10) | OVCI) YIS |
| should be executed within so word pending in pendi in a word pending in pendi in a the Chief Medical Examiner buriol-tronsit permit. File poger in ony event within 72 hour | | stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| | | [c] | |
| rentitions the surviving the survey of the s | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) | |
| for certification is certificate for writing farworded e used as a removal, on | <u>\$</u> | Diabetes - 5 years 19a Date of Operation 19b CONDITION FOR WHICH OPERATION | 20. AUTOPSY? |
| | I B | WAS PERFORMED? | |
| A stage of the sta | CERTIFICATION | 21a EXTERNAL CAUSE WAS 21b TIME OF IN. JRY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter notice of injury in Part 1 or Part 2, Item | YES NO X |
| INER: 1 e certific should b files. 3 should cation, or | ₩. | PRIMARY OR CONTRIBUTING HOUR A.M. | 10) |
| MINER: the certif 4 should ur files. je 3 shoule | MFDICAL | CAUSE OF DEATH P.M. 19 21d NJJRY OCCURRED 21e, PLACE OF N.JRY (At home, form, street). 21f tOCATION Street or R.F.D. No. City or Town | County State |
| the the LT to the same | 2 | 21d NJJRY OCCURRED 21e. PLACE OF N.JRY (At home, form, street, white mot whi | County State |
| DEPUTY SICAL EXAMINER: ecessory, please execute the certifie functed director. Page 4 should may be retained for yaur files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremation. | | AT WORK L. AT WORK L. | |
| ITY SICAL E Ty, please exect eral director. Pa be retoined for RAL DIRECTOR: prior to burrol. | | 22a certify that I took charge of the remains described above, held an Autopsy [7], Inspection [29], Inquiry [7], | ond in my opinion |
| JICA oleose ex director. etoined f DIRECTO | | death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner | j |
| direct to Tr | | CHIEF MEDICAL EXAMINER | |
| | | ACTUAL SIGNATURE | |
| Sony Sony Lines | 1 | EXAMINER'S DEPUTY MEDICAL EXAMINER 🔀 6- | -23-69 |
| TO DEPUTY necessory, p the funeral 5 may be re TO FUNERAL Heoth prior | | NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, tawn, or county) | |
| 5 5 £ ~ 5 ± | 230 | O BURIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Tawn) (Co | ounty) (State) |
| | | Birial 6.26.69 Ft.Lincoln Cemetery Colmar Manor | |
| 00 | | FUNERAL DIRECTOR ADDRESS Wash. 250 REGISTRAR 25b REGISTRAR'S S G | |
| VR A 15ME (5) | | Lee Funeral Home. 300.4th st N F. DC: DATE JUN 2 7 1969 William | as Judag |
| 4 8 | | | |



| | | .7 1 | | 110000 | | | DEPARTMENT OF A | | | | |
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| | £ 20 £ | | | CEASED NAME First | Middle | | Last | 20 DATE OF DEATH | | | 2b HOUR |
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| | a 事一准 | | 3. SE | | 4. RACE | | S. DATE OF BIRTH | 6. AGE | (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| | E 447 | 3 | f | emale | colored | | March 21, 1 | | ithday) YRS. | MONTHS DAYS | HOURS MIN |
| | on a series | 19 | 70 E | BIRTHPLACE (State or foreign | 75 CITIZEN OF WHAT COUNTRY? | 8. MARRIED [| NEVER MARRIED | 9 COUNTY OF DEATH | 11/21 | | |
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| | ate the execution and collamand coll | 10 | 14 F | ATHER'S NAME First | Middle Last | | MOTHER'S MAIDEN NAME F | erst | M ddle | | Last |
| (| T Pas | / [| U | lilliam E | MULARD +LETC | HER | FRANCES | sC. / | T'RE | ECE | |
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| | quires that the death certific physician. signed by the attending physician- burial-transit permit. Then pl burial, crematian, ar removal, | | | NAN | /A | \mathcal{M} | ARTINA C | -OLEMAN. | Stro | LANAH | mMD |
| | ne death cer ottending p permit. The ian, ar remo | | | CAUSE OF DEATH (Enter online) PART I DEATH WAS CAUSED | y ane cause per tine for (a) (b) and (c) |) 1 | 0/0 | | | AFFROX M BETWEEN ON | ATE N EKVAL SEMMAD DEATH |
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| | off off peri | | | 4 | DUE TO, OR AS A CONSEQUENCE OF | 17 | | <u>_</u> | | | - (- |
| | the the sit partition | Ų | | Canditions, if any, which gave anse to ammediate cause (a), | (b) | /Ve | , hums | CVN | | | |
| 0 | equires that the physician. signed by the burial-transit burial, cremat | | | stating the underlying cause | DUE TO, OR AS A CONSEQUENCE OF | | [] | | | | |
| 2 | ysic ysic ned rial, | | | last | (c) | | | | | | |
| 7 | IAN: The law requires that the death certificate he executed within tal ar attending physician. It is a completely fille firstenes been signed by the attending physician and campletely fille far use as the burial-transit permit. Then please remave carban pot flealth prior to burial, are emaval, and in any event, within | | ~ | PART 2 OTHER S GNIFICANT CON | DITIONS CONTRIBUTING TO DEATH BUT N | OT RELATED TO | THE TERMINAL DISEASE ORG | OND FON GIVEN IN PAR | l(a) | | |
| 1/2 | The law rattending has been se as the h prior to | | CERTIFICAT.ON | 19a, DATE OF OPERATION 19b (| ONDITION FOR WHICH OPERATION WAS PE | RFORMED | 20a. AUTOPSY? | | | INSIDERED IN CEI | RTIFYING |
| • | The affer has been affered by the period of | 2 | TIFIC | | | | YES NO D | CAUSES OF DEAT | H? | | |
| | | | | 210 ACCIDENT WAS UNDERLYING | | 21c. HO | W INJURY OCCURRED (Ente | r nature of injury in Part | Tor Part 2, It | em: 18) | |
| | 記者演者 | | MEDICAL | OR CONTRIBUTING CAUSE OF DEATH | er) HOUR A.M Manth Day Year | | | | | | |
| | ATTENDING PHYSICIAN: The law requires the etained by the haspital ar attending physician. CTOR: After this certificate has been signed by should be detached far use as the burial-trar of the State Dept. at Health priar to burial, are | | | 7111114 | PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC. | CTORY) 21f LOG | CATION Street or R.F.D. No. | City or Tawn | | County | State |
| | NG V th er t e de | | | GI WOIK OI WOIK | s hasnital) attended the decens | ed fram | Tuno 7 196 | o to Tuno | 13 196 | G that | H (wat met |
| | Aft Aft e St | | | saw the deceased al | s hospital) attended the deceosive an June 13 | 969 , and | that in (my) (our) api | nion deoth accurred | d on the dot | e and haur o | ind from the |
| | OR: OR: h th | | | causes stated obove | (i) (we) (did) (fig fot) view the | bady after d | eath | | | | |
| | OR ATTEND be retained DIRECTOR: A ge 3 should ed with the | | | 22b. SIGNATURE | To Kell | | ATTENDING N | MED STAFF | 22c D | ATE SICKED | 10 |
| | L OR r be r DIRE | 1.0 | | and principlanic | | DEGRE | 11113 | MED STAFF HRECTOR PHYS | <u> </u> | 2 July | 14 |
| | SPITA 4 may IERAL or, po | ,* | | 22d. PHYSICIAN'S NAME (Type) H | thut by tok | cy | 22e. ADDRESS | - Spru | in 5 | 7. | |
| | TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit TO FUNERAL DIRECTOR: After this certificator, page 3 should be detached should be filed with the State Dept. af | | | BURIAL, (REMATION 23b D BRINOVAL (Specify) Ju | ATE 230 NAME OF DE 17, 1969 Harmo | cemetary or cony Mem | CREMATORY 1. Park | 23d LOCATION (Cry of Highl | or Vown) and Par | (County) k, Mar | (State) |
| | | | _ | | Dean Ave NE ADDRESS | | 25a REC D B | Y REGISTRAR 25b | REG STRARS S | SIGNATURE | |
| | VR ATR | 4) 69 | | 4767 | & Sons Washingto | | 0.4.4.4.4 | 1 9 1969 | Illian | las Just | 412 |
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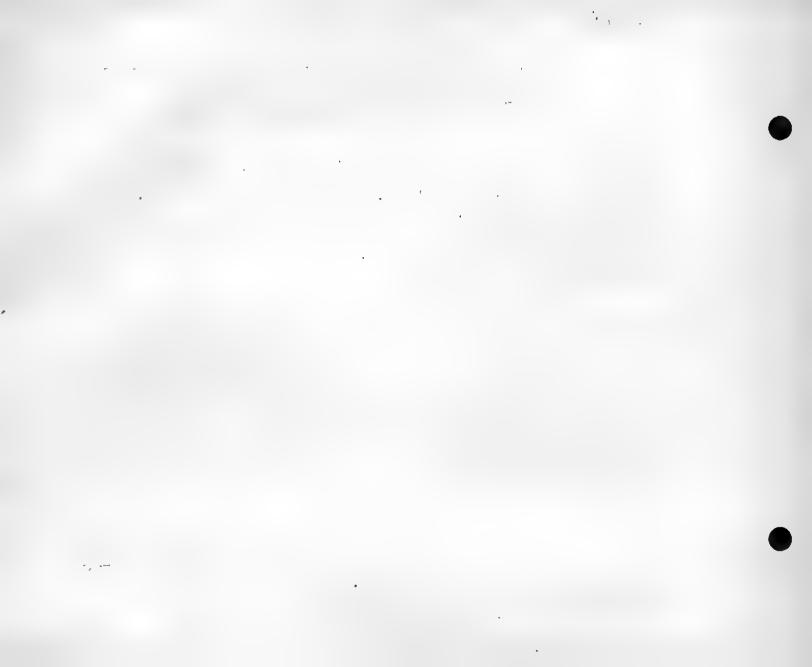
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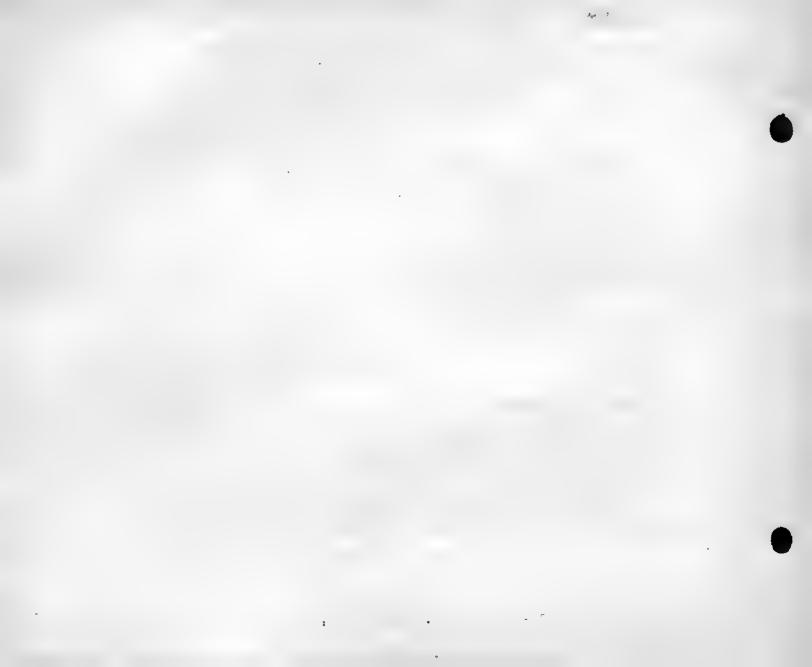
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|---|--------------|--|--|---------------------------------------|--|---|
| 1 | $ _{T_A}$ | comp Edd margan 6 | DIVISION OF VITAL RECORDS | , 301 W. PRESTON STREET, 1 | BALTIMORE, MARYLAND 21201 | 08893 |
| -2. | | | | CERTIFICATE OF DEA | 111 | 00000 |
| \$ 75 P. # | | ECEASED-NAME First Type or print) | Middle | Last | 20. DATE OF DEATH Month , Day | Yeor 2b. HOUR |
| d de | 3 S | John | 14.000 | Forney | 6 8 | 69 2:40a ^M |
| T/Was | | ale | 4. RACE White | S DATE OF BIRTH | 6. AGE (n years last birthday) | F JNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN |
| hours s. s. hours | | | 76. CITIZEN OF WHAT COUNTRY? | 01-13-0 | - 7 DD 1K3. | |
| n 24-ho Illed in b papers. | cau | DC. | US A | 8. MARRIED NEVER MARRIED DIVORCED D | | Ounty Md. |
| | Cl | TITY OR TOWN OF DEATH | Prince Geo | rges Gen. Hosp | USUAL OCCLPATION (Kind of work done ing most of work no life even if setired) | 126 KIND OF BUSINESS OR INDUSTRY |
| executed with and completely f remove corban nony event, with | 13a adm | LSJAL RESIDENCE (Where decease ission) STATE Marylan | ed lived, f institution Residence before | Hvattsville YES | GITY LIM TS? 13e STREET AND NUMBER | |
| Ax p | 14 | ATHER'S NAME , First | M odie Last | IS. MOTHER'S MAIDEN NA | AME First Middle | Road |
| be experience rem | | John | | ney Eliz | / / | Sook |
| rtificate b physician en please oval, and i | | WAS DECEASED EVER IN L.S. ARMI | ED FORCES? If or dates of service) 16b. SOCIAL SECURITY 25/03 | NO 17 INFORMANT | Address | Ruzten St. |
| The low requires that the death certificate be executed by the attending physician and consist as the buriol transit permit. Then please remoth prior to buriol, cremotion, or removal, and in any | | PART I DEATH WAS CAUSED | DUE TO, OR AS A CONSEQUENCE OF | OBARCOMA 1 | RIGHT ILIUM | APPROXIMATE INTERVAL BETWEEN ONSTEAMO DEATH 2 M O S |
| | | rise to immediate cause (a), stating the underlying cause last | (6) | | E OR CONDITION G VEN IN PART I(o) | |
| tow rending l | NO | | PIDSCLEROTIC | | DISEASE | |
| The lov attend hos be as as as the prior | CERTIFICAT C | | ONDITION FOR WHICH OPERATION WAS P | ERFORMED 20a AUTOPSY? | 20b of YES, WERE FINDINGS CO CAUSES OF DEATH? | INS DERED IN CERTIFYING |
| PHYSICIAN: ne hospital or his certificate etached for u Dept. af Heal | 3 | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (If either, natify medical examine | HOUR A.M. Manth Day Year | 21c. HOW IN JRY OCCURRED | (Enter nature of in ary in Part 1 or Part 2, It | lem IB) |
| ibinG PHYSICIAN: J by the hospital or After this certificate be detached for us State Dept. af Healt | MEDS | | PLACE OF INJURY (AT HOME, FARM STREET F. OFFICE BUILDING, ETC. | | D. Na Crity or Town | County State |
| TO HOSPITAL (TENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to | | 220. I certify that (I) (this saw the deceased ali couses stated above, | s hospital) ottended the deceasive an VF (i) (we) (did) (did not) view the | 1967, and that in (my) four | 1967, to Vire 8, 199 opinion death occurred on the dol | e and hour and from the |
| O HOSPITAL (TTEN Page 4 may be retained o FUNERAL DIRECTOR: director, page 3 should should be filed with the | | 22d PHYSICIAN S NAME (Type) 30. CL | nuclon Su | ATTENDING PHYS. | DIRECTOR D STAFF D STAFF | |
| NER Tror, | - | (),4,1, | | | ASHINGTON DC | -20018 |
| TO HOSPITAL Page 4 moy TO FUNERAL director, pag | B | | JUNE 1969 WASH | CEMETERY OR CREMATORY NOTON NATIONAL | 23d. OCAT ON (City or Town) SUITLAND, N | (County) (State) |
| VR AIS | 24 | FUNERAL DIRECTOR. V.W. CHAMBE | RS & RIVERDA | LE, MRYLAND | N 1 6 1989 (License) | SIGNATURE |



| FOD CTATE | | 08803 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | 08804 |
|---|---------------|--|---------------------------------|
| FOR STATE HEALTH DEPT. | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | |
| | | Type or Print) | Day Yeor 26 HOUR |
| ay 15 3 fa 3 fa 3 fa 9 fa 9 fa | 3 S | | 69 19 2 32 pmM |
| and A Salah | | Male White 2-10-1899 70 YRS MONTHS DATS HOURS MIM Month 2 Day | 69 19 2:46 pmm |
| | 70 | B RTHPLACE (State or foreign 75 CT ZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH | O) II Z JAJOPIA |
| form form | COUR | IOWA USAMERICA WIDOWED DIVORCED Prince George's | Md. |
| Pages vith far | | ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUT ON (If not in hosp tol 120 USJA, OCCUPATION (Kind of work done 1) | 26 KIND OF BUSINESS OR NDUSTRY |
| 7 g > 4 / 1 | L. | Cheverly Prince George Hospital ENGINEER | D.C. GOV'T |
| after 18 Given 2 with death. | | USLA. RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE LTY LIMITS? 13e STREET AND NUMBER | |
| 24 hours office of some source of the de | | Admission Half Prince George's Mt. Rainier YES NO 4108 29th. Str | |
| Hem I office I and 2 affer of | [4, 1 | | Cost |
| hin 24 noted in niners pages haurs | Ián | | STALLMAN |
| within n pencil Examine File pag | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 17 INFORMANT 17 INFORMANT 18 CARTER'S 18 CARTER'S 18 CARTER'S 18 CARTER'S 18 CARTER'S 18 CARTER'S 18 CARTER'S | LANE |
| d wit in per Exan File n 72 | | 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) | APPROX MAJE INTERVAL |
| xecuted nding" i Medical permit nt with'r | | PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Heart failure | BETWEEN ONSET AND DEATH Minutes |
| exe andii Med T per | | DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease | over 2 yrs. |
| "pe "pe ansi eve | | Conditions, if any, which gave a rise to immediate couse (a). | |
| shauld be executed te word "pending" in a the Chief Medical E bunal-transit permit 1 In any event with in | | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| sho he v ha til burn | | lost. (c) | |
| INER: This certificate should be executed within 2 e certificate, writing the word "pending" in pencil y should be farwarded to the Chief Medical Examinentiles. 3 should be used as a burraf-transit permit File page: ation, or removal, and in any event within 72 hour | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) | |
| ed c | 011 | 190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION | 20 AUTOPSY? |
| this certificate, writh the farwar be used be used to remay a | CERTIFICATION | WAS PERFORMED? | YES NO 🔀 |
| MINER: This the certificate, 4 shauld be for files. In files. In a shauld be in mation, or rer | | 2 o EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Iter | |
| NER: The shauld be shauld be files. I shauld be shauld be shauld be shauld be shauld. | MEDICAL | PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19 | |
| | 景 | 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, wells not write foctory, office building, etc.) 21f £OCATION Street or R.F.D. No. City or Town | County State |
| KA Je Je ogg Cre | | AT WORK AT WORK | |
| Xe Xe Trigon DR and Trigon DR | | 22a. I certify that I tack charge of the remains described above, held an Autapsy 🔲, 💮 Inspection 🔼, Inquiry 🔲, | P 1 |
| EPUTY SICA SSEARY, please e funeral director ay be retained in PRRAL DIRECTOR (1th prior to bu | | death resulted fram: Natural causes 🗷 , Accident 🗌 , Suicide 🗍 , Hamicide 🔲 , Undetermined manner [| |
| TY BIC. y, please eral director be retained AL DIRECT prior to be | | ACTUAL CHIEF MEDICAL EXAM.NER CONTROL SYMM. MED 22b. DATE SI | ICHEN |
| JTY ITY eral be Be RAL pri | | SIGNATURE M.D. STOUTH MEDICAL CHARLES | 24-69 |
| o DEPUTY necessary, p the funeral of S may be re o FUNERAL I Health prior | | NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS (Street, city, town, or county) | K-11 |
| TO D the 5 m | 230 | BURIAL CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (| County) (Stote) |
| | 16 | REMOVAL (Specify) / T - 2/ 19/9 T | PROES MD. |
| 0.0 | 24 | FUNERAL D RECTOR ADDRESS 250 RECD BY REGISTRAR 256 REG STRAR'S SI | GNATURE |
| VR A15ME 51 | | UW CHAMBERS CO. RIVERDALE MD, DATE 1 30 1969 Milliane | as Judgen |

MAKTLAND STATE DEPARTMENT OF HEALTH



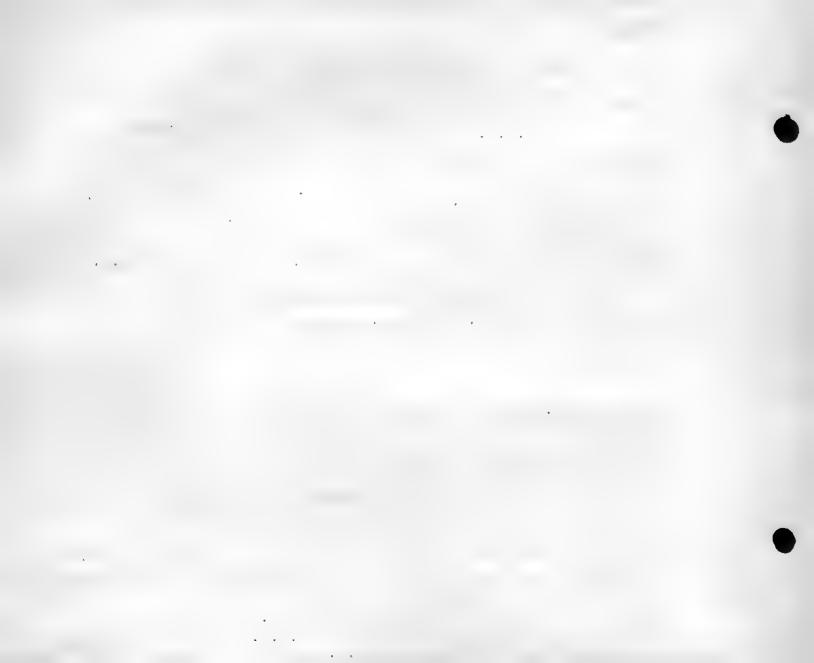


| 1 11 | ľ | toma 586 Film Cl. 15 MARYLAND STATE DEPARTMENT OF HEALTH | |
|--|---------------|--|-------------------------|
| COD CTATE | | 8/11/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | 08806 |
| FOR STATE | _ | U881U MEDICAL EXAMINER'S CERTIFICATE OF DEATH | |
| HEALTH DEPT. | | ECEASED-NAME First Moddle Lost 20. DATE KNOWN Month | Doy Yeor 2b HOJR |
| y is tall tall tall tall tall tall tall tal | | CONNIE OVILLAMSON SAMOLE DEATH MATED L | 54 18 Pd P:30W |
| eld 3 | 3 5 | 1/13/11/11/11/11/11/11/11/11/11/11/11/11 | 2d HOUR |
| Sny delay is 2, and 3 ta n PM3. Page epartment of | _ | 74 / // 77 / 74 / 90 78 VRS | M COCAD Par el 1094 |
| - E S | | BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH | 0 1 |
| \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | _ | 10. CAROLIDA O STI MIDDRED E DIFORCED 1- KINCE DEDICA | 100 |
| Give Pages 1, and with farm | 10. 0 | ITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital lize USAA, OCCUPATION (Kind of work done during most of working ife, even if retired) | 126 KIND OF BUSINESS OR |
| 282 | \square | | AT HOHE |
| offee of with death | 130 | US.JA. RESIDENCE (Where decessed lived, it institution: Residence before 13c CTY OR TOWN 13d MISTOE GTY LIMITS? 13e. STREET AND NUMBER dm ssion) STATE N. CAROLINA COUNTY TECKLEN DORG DAVISON YES NO CONCOR. | 1 A.In |
| de de de | <u> </u> | | 3 AJE |
| be executed within 24 hours after death "pending" in pencil in Item 48. Give Pagilief Medical Examiner's Office along with ansit permit. File pages 1ah 2 with the STO event within 72 hours after death | 14 / | ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle | Lost |
| 24 in lin lin lin lin lin lin lin lin lin | | THOMAS SQUIRES WILLIAMSONTR. Unbergin | LONG |
| hauld be executed within 24 ward "pending" in pencil in the Clief Medical Examiner's rial-transit permit. File pages a any event within 72 hours | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 135 | |
| L with per Example File | - | es, no, or unknown) (if yes give war or dates of service) Unknown Joseph G. GAM DIE Upper | MARI BORG Md |
| should be executed a ward "pending" in the Clief Medical E urial-transit permit. Fin any event within | | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1 DEATH WAS CAUSED BY | BETWEEN ONSET AND DEATH |
| shauld be executed shauld be executed to ward "pending" in the Clief Medical burial-transit permit. | | PART I DEATH WAS CAUSE (a) HT T + 1/LURE | MIN |
| f M f went sit prent sent | | DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) | |
| d bed d like | | use to immediate rouse (a) | 274 |
| shauld e ward o the Cl nurial-tr in any | | stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
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| certificate writing the irwarded to used as a binoval, and | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
| certificat writing rwarded rsed as c | ਨ | Markets Mellelle - 15 yrl | Tea simple via |
| its certific the, writin I farward be used a removal. | Į. | 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? |
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| ## # 음 · . | | PRIMARY OR CONTRIBUTING HOUR A.M. | /em 18.) |
| NER NER hau iles. sho sho sho | MEDICAL | CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City of Town | |
| | - | 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, white mot | County State |
| bical Examiner: se execute the cert setar Page 4 shauk ned far yaur files. tECTOR: Page 3 shau a burial, crematian | | AT WORK AT WORK | |
| ICAL E executor Poper for Poper for CTOR: 6 burial, | | 22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry | |
| please e l director retained . DIRECT | | death resulted fram: Natural causes . Accident . Suicide ., Homicide ., Undetermined monner | |
| TY please y, please or retaine (AL DIREC | | ACTUAL CHIEF MEDICAL EXAMINER | |
| ry, F eral be r RAL price | | SIGNATURE ASS STANT MEDICAL EXAMINER LI 220. DATE | SIGNED |
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| ro DEPUT) necessary, the filmero 5 may be 0 FUNERA Health pr | 200 | NAME (Type) ADDRESS(Street, city, fown, or county) | |
| 5 = 5 D = 5 | 230 | BURIAL, CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) REMOVAL (Specify) 7-3-69 200 Charlette | (County) (Stote) |
| | 10 | ADDRESS ADDRES | SIGNATURE |
| VR ATEME (5) | , | 7 (000) //7/1- | Can Judge |
| 10M REV 1,68 | W | .W. CHAMBLERS - 517-11 TEST. S.E. WASH, D.C. DATE | |



| FOR STATE | 08811 DIVISI | ON OF VITAL RECO | ORDS, 301 W. PRI | STON STREET, BAI | LTIMORE, MARYL | AND 21201 | 08807 |
|--|--|---|----------------------------|----------------------------|--------------------------|--------------------------------|---|
| HEALTH DEPT. | 1 DECEASED NAME FO | rst | Middle | Lost | | 20 DATE KNOWN Month | Doy Year 2b, HOJR |
| | (Type or Print) | n c1e | F | G èi s | | OF ESTI- DEATH MATED X 6-2 | -69 19 12:10M |
| 13 to Poge ent of | 3 SEX 4 RACE | S DATE OF BIRTH | | | IF UNDER 24 HRS | 2c DATE PRONOUNCED DEAD | 2d HOLR |
| dell nud M3 Ime | Female White | 5-5-192 | lest birth | YRS MONTHS DAYS | HOURS MIN. | Month Doy | 69 1912: 50amm |
| ny delay is 1, 2 and 3 to m PM3 Page | 70 BIRTHPLACE (State or foreign | 76 CIT ZEN OF WHAT | | MARRIED INEVER M | APPIED 9 COLL | ITY OF DEATH | 07 MTZ: DOSTUM |
| - E B | country) Texas | USA | 0. | _ | | ince George's | Md |
| orth Poges th fo | 10 CITY OR TOWN OF DEATH | | E OF HOSPITAL OR INSTI | TUTION (If not in hospital | | UPATION (Kind of work done | 126 KIND OF BUSINESS OR |
| we have have have have have have have hav | Clinton | | et oddress) nton Medica | | | working life, even if retired) | INDUSTRY |
| of the state of th | 130 USUAL RESIDENCE (Where dece | | | | | 13e. STREET AND NUMBER | |
| | admission) STATE | rince Ge | | linton | YES 🔀 NO 🗌 | 7507 Hastings | Drive |
| hours Office offer, o | 14 FATHER'S NAME First | Middle | Lost | IS MOTHER'S MA | AIDEN NAME First | Middle | Lost |
| S S S S S | Arch | L | Foster | | Mary | W | Stanley |
| hin 24 niner's niner's poges hours | 160. WAS DECEASED EVER IN U.S. ARME (Yes, no, or unknown) (If yes o | D FORCES? Ive war or dates of service) | ib SOCIAL SECURITY NO | 17. INFORMANT | | ADDRESS | |
| with per your Xon Xon 11e 11e 12 | | | | Werdna | Cochran 4 | 313 Odden Dr | |
| ecuted ing .n ed col E ermit. F | 18 CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU | only one couse per ine | for (o), (b), ond (c)) | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| xecuted iding and Med col permit. | IMME | DIATE CAUSE (o) | rothte gmi | shot wound | s of chest | | |
| be executivending inef Med or ansit perm | Conditions, if ony, which gove | · · | A CONSEQUENCE OF | | | | |
| should be executed should be executed to word "pending to the Chief Med col burial-transit permit." | rise to immediate couse (a) | . (b) | 1 CONCERNICE OF | | | | |
| hould word the Ch irrial-tro | stoting the underlying couse | DUE TO, OR AS | A CONSEQUENCE OF | | | | |
| F. 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | (d) | | | | | |
| NER: This cert ficote should certificate, writing the word hould be forwarded to the Cles. should be used as a burial-train, or removal, and in any trian, | PART 2. OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING | TO DEATH BUT NOT RE | LATED TO THE TERMINAL | DISEASE OR CONDITION | GIVEN IN PART I(a) | |
| This cert friction within be forward de used a or removal. | 190 DATE OF OPERATION | 19 | b. CONDITION FOR WHI | TH OPERATION | | | 20. AUTOPSY? |
| his cert ote, writh e forwa be used | 190 DATE OF OPERATION 210. EXTERNAL CAUSE WAS | | WAS PERFORMED? | | | | YES 💌 NO |
| Certificate, ould be fores. | 210. EXTERNAL CAUSE WAS | 216 TIME OF IN. | JRY Menth, Doy, Year | 21c HOW INJURY O | OCCURRED (Enter noture | of in ary in Port T or Port 2, | |
| INER: Tee certifice should be files. 3 should a should boation, or | PR MARY TO OR CONTRIBUTION (AUSE OF DEATH 21d. NURY OCCURRED 210 | HOUR A M. | 6-2-69 | 110.06 | - Pains | Til de' to | 10 +10h |
| INER the cer shoul files. 3 sho | 21d. NUURY OCCURRED 21 | PLACE OF NUIRY (At | home form street | 21f LOCATION Street | et or R F D. No. | City or Town | L County Stote |
| XAMINER: the the certified a should your files. Page 3 shou cremation, | AT WORK AT WORK DO | foctory, office building, Home | etc.) | same as | #13 | | |
| | | | remains described | above, held an Aut | | ection 🔼 Inquiry | , and in my opinion |
| ICAL I exector. Porced for ed for CTOR: burnol | death resulted from. | _ | | Suicide . | Homicide 🔼 | Undetermined manner | |
| please e retoined retoined ror to bu | 1 | 1/ 10 | | | HIEF MEDICAL EXAMINE | | |
| ny, ple erol di be rett | ACTUAL SIGNATURE | his 19 | ohr | // | SS STANT MEDICAL EXAM | | E SIGNED |
| EPUTY BIC. Ssory, please e funerol directory be retoined by be retoined by here of the property. | EXAMINER'S | 1 | | JII, U | EPUTY MED CAL EXAMIN | | 6-3-69 |
| | | ehoe MD | Riverdale | . Md. A | DDRESS(Street, city, tow | m, or county) | |
| TO D nece the 5 m Med | 230 BUR AL, CREMATION 23 | b DATE | | METERY OR CREMATORY | 23d | LOCATION (City or Town) | (County) (Stote) |
| | 1 / | 6-7-1969 | 4 | 1 Cemetery | | Haskell | Texas |
| | 24 FUNERAL DIRECTAROBERT | | | | 2So REC D BY REG | 1 1000 8 | |
| VR A15ME (5) 10M REV 1 68 | 4308 Suitland | Road Suit | land Mary | land | DATE UN 7 () | 1969 Action | elso Judge. |

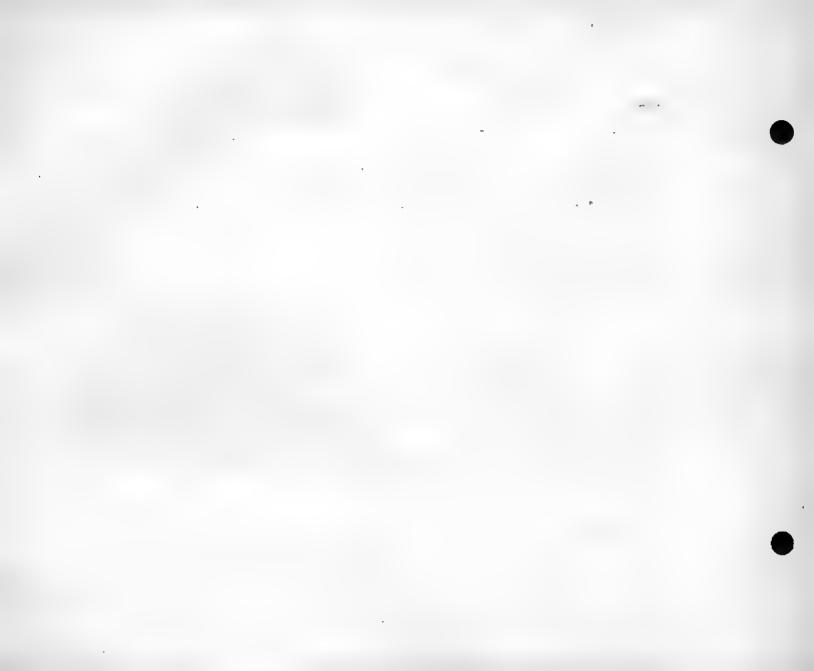




MARYLAND STATE DEPARTMENT OF HEALTH 08813 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08809 CERTIFICATE OF DEATH DECEASED NAME First Middle 2g. DATE OF DEATH 2b. HOUR (Type or print) Month BERNARD 3 SEX 4 RACE 5. DATE OF RIRTH 6. AGE (in years JE UNGER 1 YEAR F LINDER 24 HRS last birthday) Male AHONTH'S T DAYS HOURS 6-14-79 7a BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Roumania PRINCE event, within 72 WIDOWED T DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dake 2b KIND OF BUSINESS OR during most of work natife, even if retired to campletely Home RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR NOWN 13d INSIDE CITY JAM TS? 13e STREET AND NUMBER that the death certificate be executed 136. COUNTY admission) STATE Washington 1223 MISSOURI AVE. N.W 14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle and UNKNOWN OWN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address 17 INFORMANT If yes give war ar dales of service) Yes, no ar unknown) 7 Sussey Rd. Sluer Spring HARRY crematian, ar remaval, 577-48-1139 APPROX MATE INTERVAL BETWEEN ONSET AND GEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY. estis moul IMMEDIATE CAUSE (a) 410 DUE TO, OR AS A CONSEQUENCE OF Canditians if any, which gave } burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes Manno last MM 19 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) for use as the t f Health priar ta b TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, nat fy medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while 220. I certify that (i) (this hospital) attended the deceased from 1 21 7 19 Gyard that in (my) (aur) apinion death accurred on the date and hour and from the saw the deceased alive an Illian T retained filed with the causes stated abave, (i) (we) (did) (did not) view the bady after death 22b SIGNATURE 27c. DATE SIGNED director, page 3 shauld be filed DEGREE DIRECTOR 22d PHYSICIAN S 22e, ADDRESS NAME (Type) NAME OF CEMELERY OR CREMATORY 23d LOCATION (City or Town) BUR AL, CREMAT ON, (State) MOVAL (Specify) FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 ,4) 1Chorne



| DECLASED NAME (Type or print) Declased Date Declased Date | | . 1 | 1 | | D! | IVISION OF VII | | | EPARTMENT OF | | ARYLAND 212 | 01 | | |
|--|---|---|----------------|--------------------------------------|-----------------------|------------------------|--|------------------------|--------------------------------------|--------------------------|-----------------------|-------------------------|---------------------|---------------------------------|
| Cheverly South Respective to direct size of the specific parts of | | | | 08814 | | | | | | | INTONIO ZIZ | • | 0881 | 0 |
| Cheverly State of Death State of Dea | | eath and 2 eath | Ī | | | 9 | | Gr | | 20 DATE C | | Дах | Year | |
| Cheverly State of Death State of | | fung fung fung er d | 3 | SEX | | | MIAT | | _ | | | Z Z | | |
| Cheverly State of Death State of | | 专业 | 1 | Fèmale | | white | | | 03-19-12 | | last byrthday) | M | ONTHS DAYS | |
| Cheverly State of Death State of | | | 7 | o B RTHP_ACE (State or fo | oreign 7b. | CITIZEN OF WHAT O | OUNTRY? | 8 MARRIED [3 | | 9 COUNTY O | F DEATH | 163 | | |
| Cheverly State of Death State of | | \$ \$ \$ \$ \$ | L' | ***Maryland | 1 | | | WIDOWED [| DIVORCED | Princ | e George | is (| County | Md |
| 14 FATHERS NAME First Middle Cost Sencie Seaborn Margaret Cage | | 그 등 학원 | | Cheverly | | Prin | ce Georg | e's Ger | n haspsta 12a US | SUAL OCCUPATIO | N (Kind of wark o | done | 12b KIND OF | BUSINESS OR |
| 14 FATHERS NAME First Middle Cost Sencie Seaborn Margaret Cage | | amplet e cart | , a | dmission) STATE | ere deceased h | ived, if institution ! | Residence befare | 13c City OR 10 | DWN 13d. INSIDE CIT | Y LIMITS? 13e S | TREET AND NUMBE | ER | | One |
| Sencie Seaborn Sencie Seaborn Isa WAS DECEASED EVER IN U.S. ARRED FORCES? Isa WAS DECEASED EVER IN U.S. ARRED FORCES? Isa WAS DECEASED EVER IN U.S. ARRED FORCES? Isa WAS DECEASED OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: Immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF Inse to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF Iso one of the underlying couse (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED PART 2 OTHER SIGNIFICANT CONDITIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | Tage (xeu | | | · | | | | Testarte | | | | Lane | |
| No. Date of Operation 19b. Condition for which operation was performed 20d. Autopsy? 20b. If yes, were findings considered in certifying causes of death? | | ou ou | - [| | | | | '3 ' | | | | | 200 | Last |
| 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20c. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20c. AUTOPSY? | | ote icion leas and | T ₁ | óg. WAS DECEASED EVER 1 | N U.S. ARMED | FORCES? 16b | | 10 17 INF | | tar Par | | | age | |
| 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20c. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20c. AUTOPSY? | | ohys on p | | Yes, negar unknown) | (IT yes give war or o | dates of service] | None | Ba | sil E. Go | lihew | | Sam | e as | #13 |
| 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO CAUSES OF DEATH? | | ndth cei nding p iit. The | | 18 CAUSE OF DEATH PART I. DEATH W | VAS CAUSED RY | f., | | | of ove | ary | | | APPROXIM | NATE INTERVAL NSET AND OFATH |
| 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO CAUSES OF DEATH? | | otte otte on, c | | 1830 | | | | | | - Wa | lac tac | | | |
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| 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO CAUSES OF DEATH? | 0 | res the sicion. ed by of-troi | | | ng couse | DUE TO, OR AS A | CONSEQUENCE OF | Rud 1 | mal rul | in team | ` | | | |
| 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\) 10c CAUSES OF DEATH? 10c AUTOPSY? YES \(\) NO \(\) 10c CAUSES OF DEATH? 10c AUTOPSY? YES \(\) NO \(\) 10c CAUSES OF DEATH? 10c AUTOPSY? YES \(\) NO \(\) 10c CAUSES OF DEATH? 10c AUTOPSY? YES \(\) NO \(\) 10c CAUSES OF DEATH? 10c AUTOPSY? YES \(\) NO \(\) 10c CAUSES OF DEATH? 10c AUTOPSY? YES \(\) NO \(\) 10c CAUSES OF DEATH? 10c AUTOPSY? YES \(\) NO \(\) 10c CAUSES OF DEATH? 10c AUTOPSY? YES \(\) NO \(\) 10c CAUSES OF DEATH? 10c AUTOPSY? YES \(\) NO \(\) 10c CAUSES OF DEATH? 10c AUTOPSY? YES \(\) NO \(\) 10c CAUSES OF DEATH? YES \(\) NO \(\) 10c AUTOPSY? YES \(\) NO \(\) 10c CAUSES OF DEATH? YES \(\) NO \(\) 10c CAUSES OF DEATH? YES \(\) NO \(\) 10c CAUSES OF DEATH? YES \(\) NO \(\) 10c CAUSES OF DEATH? YES \(\) NO \(\) 10c AUTOPSY? YES \(\) NO \(\) 10c CAUSES OF DEATH? YES \(\) NO \(\) 10c AUTOPSY? YE | 3 | r required phy set sign to buri | | | FICANT CONDITI | ONS CONTRIBUTING | TO DEATH BUT NO | T RELATED TO T | HE TERMINAL DISEASE O | RECONDITION GIV | EN IN PART I(a) | | | |
| YES NO CONTRIBUTING CAUSE OF CATH HOUR A.M. Month Day Year HOUR A.M. Month Day Year 19 COURRED (Enter nature of injury in Part 1 or Port 2, Item 18) PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 19 COURRED at work at wark 20 at | 1 | e law tendii s bee as th prior | | 190. DATE OF OPERATIO | N 19b. CON | DITION FOR WHICH C | PERATION WAS PER | FORMED | | CALLE | | INGS (ON | ISIDERED IN CI | ERTIFYING |
| The contribution of country and the part of the part o | | r at | } | 21. ACCIDENT WAS I | INDEBLYING | Toll Time of NI | 17 L/ | Las Ha | | * | | | | |
| 21d INJURY OCCURRED While Not while at work of the deceased from May 16, 1969, to June 221969, that (I) (we) last saw the deceased alive on June 22, 1969, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (I) ((we) (did) (did nat) view the bady after death. | | ICIAN Sital continuity Affication of Hec | | | AUSE OF DEATH | HOUR A.M. MA | onth Day Year | | INFURY OCCURRED (En | iter nature of int | ury in Part 1 or Pa | ort 2, Ite | m 18) | |
| 22a. I certify that (I) (this haspital) attended the deceased from May 16, 19.69., to June 221969, that (I) (we) last saw the deceased alive on June 22 | | s PHYS the hosp this cer detoche e Dept | 1 | While Nat while [| | | OME, FARM, STREET, FAC E BUILDING, ETC. | IORY.) 21F LOCA | | | | | | |
| THE BEST SIGNATURE 226. SIGNATURE 226. DATE SIGNED | | ENDING led by 1 R: After Jid be 0 the Stot | | 22a. I certify the saw the dec | it (I) (this h | aspital) attende | d the decease | d fram M 969, and t | a.y. 16 , 19. hat in (my) (aur) a | 69 , ta_ pınian death | June 2 accurred an ti | 219 <u>6</u> he date | 9, that and hour | (I) (we) last and from the |
| | | ATTI etain CTO Shou | | | d dbdve, (I) | (we) (did) (did | | Jaay arrer de | | | | 22c. DA | TE SIGNED | |
| DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIREC | | OR re re DIRE re 3 re 3 re 3 re 4 re 3 re 4 re 5 re 4 re 5 re 5 re 6 re 6 re 6 re 6 re 6 re 6 | | | V | Juan | | DEGREE | ATTENDING PHYS. | MED. DIRECTOR | STAFF PHYS. | 6-0 | 22-6 | 7 |
| 22d PHYSICIAN'S NAME (Type) Dr. Nair 22e ADDRESS Prince George's General Hospital 23d Burial (REMATION, 23b Date 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (C ty or Town) (County) (State) 23d Burial (REMATION, 23b Date 23c NAME OF CEMETERY OR CREMATORY Colmar Manor Marvland | | moy ERAL I | | 22d PHYSICIAN'S NAME (Type) I | Dr. Nai | r. | | | | George | 's Gene | | | |
| 23a BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) | | HOS ge 4 FUNI | 2: | Ba Burial, CREMATION, | | | 23c NAME OF C | EMETERY OR CR | | | | | | |
| | | 22 2 2 3 | ^L | | 6/ | 25/69 | Fort I | incol | n Cemeter | v Colm | ar Man | or | Marv | land |
| VR ATS 124 FUNERAL DIRECTOR ADDRESS 250 RECUBERS SONS CO. Washington D Cont UN 2 6 1969 250 ALCOURT ADDRESS 250 ALCOURT ADDRES | | VR AIS | 2 | | | | | | 25a REC 1 | BYREGISTRAR | 69 25b ALEX | BARLEY | | |



| | | 1 | 00045 | | ID STATE DEPARTMENT OF | | |
|----|--|---------------|---|--|---|---|--|
| | | П | 08815 | | 301 W. PRESTON STREET, BAL' CERTIFICATE OF DEATH | IIMURE, MARYLAND 21201 | 08811 |
| | | - | | | | | |
| | of of of the | | ECEASED-NAME First Type or print) | Middle | Lost | June Manth 28 Day | 126 HOUR 9 124 |
| | er deoth funeral 1 and ter deoth | L | Homer | William | Golliday | | |
| | after death. ne funeral ges 1 and 2 ceffer death. | 3 5 | | 4 RACE | S. DATE OF BIRTH | 6. AGE (In years lost birthday) | MONTHS DAYS HOURS MIN |
| | burs afte Poges Proges | _ | Male | White | 07/21/81 | 87 YRS | 7,00,00 |
| | noo 4 M | | BIRTHPLACE (State or fareign | 76. CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED | 9. COUNTY OF DEATH | |
| • | 24 ho | | '' Va | USA | WIDOWED DIVORCED | Prince Georges | Mc |
| | within 24 bon pape within 73 | / | city or fown of DEATH Cheverly, Maryl | and P.G. General | dur no n | JAL OCCUPATION (Kind at work dane nast of working life, even if retired) Carpenter | 12b. KIND OF BUSINESS OR INDUSTRY Self |
| | | 13a | JSUAL RESIDENCE (Where deceos | ed lived, if institution Residence before | 13c CITY OR TOWN 3d INSIDE CITY | | Sell |
| | eve de la contraction de la co | adn | ession) STATE Md. | 13b COUNTY Prince G. | Suitland YES | 0x 5501 Darel I |)r |
| | d con | 14 | FATHER 5 NAME First | Middle Lost | IS. MOTHER'S MAIDEN NAME | | Lost |
| | ote be execution and corrected and in any e | | James (| Colliday | | Clevenger | |
| | physicion phose loval, and i | | WAS DECEASED EVER IN U.S. ARA | NED FORCES? 166 SOCIAL SECURITY | | Address | |
| | hysi Ad, | | (es, na, ar unknawn) (It yes give w | 224-10-88 | 398 A P.G. General | Hospital Chev | verly, Md. |
| | The law requires that the death certificate be executed within 24 hours after death, attending physician. has been signed by the attending physician and complete filled in by the funeral se as the burial-transit permit. Then please remove carbon papers. Pages I and 2th priar to burial, cremation, or removal, and in any event, within 722 are safter death. | | 18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE | |) , , | - uttini | APPROXIMATE INTERVAL DITWEEN ONSET AND DEATH |
| | dea then trmit | | 2953 IMMEDIA | (I) (I) | may son- office | - more | - 48-les |
| | the e of | | Canditions, if any, which gave | DUE TO, OR AS A CONSEQUENCE OF | N. Wille | in nevel lete | - 1 |
| | that the an. by the transit p | | rise ta immediate cause (a). | (b) | mer right i | - | Ima |
| | equies that the physician. Signed by the burial-transit burial, crema? | | stating the underlying cause lost. | (c) | (dufic out | re stensis | 2 yes . |
| 20 | requi g phy n sign e burr | ı | PART 2 OTHER SIGNIFICANT COM | IDITIONS CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINAL DISEASE OR | CONDITION GIVEN IN PART 1(a) | 0 |
| 4 | AN: The law real or attending at or attending ricote has been for use os the Health priar to | CERTIFICATION | 190. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION WAS PE | REORMED 200. AUTOPSY? | 206 IF YES, WERE FINDINGS C | ONSIDERED IN CERTIFYING |
| 1 | The ratter to th | 18 | | | YES NO | CAUSES OF DEATH? | 5 |
| | AN: or or cote for us | | 210 ACCIDENT WAS UNDERLYIN | | 21c HOW INJURY OCCURRED (Ent | er nature of injury in Port 1 or Part 2, | Item 18) |
| | pital pital of H | ਭ | OR CONTRIBUTING CAUSE OF DEAT | | 0 | | |
| | PHYS ne hos his ce etache Dept. | MED | | PLACE OF INJURY (AT HOME FARM, STREET, FAI OFFICE BUILDING, ETC. | | o. City or Town | County State |
| | N T T T T T T T T T T T T T T T T T T T | | | is haspital) attended the decease | ed from 5/2-6 190 | 04, to 6/28 19 | 69, that (1) (we) las |
| | ATTENDING stoined by th CTOR: After 1 should be d ith th Stote | П | saw the deceased a | eve on 6/2-8 | 969, and that in (my) (aur) an | inian death accurred an the do | ite and have and from the |
| | Oine FOR: | 1 | | (th (we) (did) (did not) view the | bady after death | | |
| | 11 OR ATTENI y be retoined L DIRECTOR: A oge 3 should filed with the | | 226. SIGNATURE | n James (fine | DEGREE PHYS. | MED STAFF A 22c | DATE SIGNED 169 |
| | FOR HOSPITAL OR ATTEND Page 4 may be retoined to FUNERAL DIRECTOR: A director, page 3 should should be filed with the | | 22d. PHYSICIAN'S NAME (Type) | MAN DONAT (| omen (3503 | Penny 51 KMT | - (midien, |
| | HOS FUNI ecte aulc | 23a | BUR AL, CREMATION, 23b | DATE 23c NAME OF | CEMETERY OR CREMATORY | 23d LOCATION (City or Town) | (County) (State) |
| | o Paris | | REMOVAL (Specify) | - 29 - 69 Nace | edonia Cemetery | WinchesTei | Va |
| | | 24 | FUNERAL DIRECTOR | ADDRESS | | BY REGISTRAP 256 REGISTRAR'S | SIGNATURE |
| | VR At5 (4) 45M - 1/69 | Ι, | F. Gaschia S | 12= 4739 133H | for Harthy one | 11) 1000 Julian | to freder |



| | - 10 | 1. | | D STATE DEPARTMENT OF F | |
|---|--|--|---|---|---|
| | | 08816 | | 301 W. PRESTON STREET, BALT | MORE, MARYLAND 21201 08812 |
| | , | | | ERTIFICATE OF DEATH | |
| | 를 무급을 | i DECEASED NAME First (Type or print) | Middle | Eost | 20. DATE OF DEATH 2b HOUR |
| | death. | Caes | ar I. | Gomes | June 17, 1969 7:20A M |
| 4 | 是不是大量 | 3 SEX | 4 RACE | 5 DATE OF BIRTH | 6 AGE (In years FUNDER YEAR IF UNDER 24 HRS |
| | F 25 2 | Male | White | 02-03-98 | fost birthday) MONTHS DAYS HOURS MIN |
| | d d | 7o. BIRTHPLACE (Stote or foreign | 76 CITIZEN OF WHAT COUNTRY? | | 9. COUNTY OF DEATH |
| | ertificate be executed within 24 haurs after physician and campletely filled in by money nen please famous carbon papers. Pages avol, and a giry event, within 72 haurs after a contract of the contract of th | British Guieana | U.S.A. | WIDOWED D.VORCED . | Prince George's |
| | in Silling Paris | TO, CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR INS | TITUTION (If not in hospital 120 USUA | L OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR |
| | within tely fille | Cheverly | Prince George | e's Gen. Hosp Ret. | ost of working life, even if retired) INDUSTRY |
| | ed v | 130 LS_At RESIDENCE (Where deceose | d lived, f institution. Residence before | 13c CITY OR TOWN 13d HAS DE CITY E | M TS? 13e. STREET AND NUMBER |
| | e e e | odmission) STATE MD | 13b (OUNTY Prince George's 1 | Avattsville YES ON NO | 7115 Glenridge Dr. |
| | exe Selling | 14. FATHER S NAME First | Middle Lost | 15. MOTHER'S MAIDEN NAME F | |
| | 2 5 2 | Jose | Gom | es An | na Gousalves |
| | ate icio anc | 160 WAS DECEASED EVER IN U.S. ARME | D FORCES? 165 SOCIAL SECURITY N | | Address |
| | requires that the death certificate be executed physician. signal physician and camples a surial-transit permit. Then please fumbore can burial, crematian, ar removal, and a gay event | Yes, no, or unknown) (If yes give wa | or dates of service) 578 36 15 | 13 Catherine A G | omes Same as #13 |
| | s that the death certifician. d by the attending phy l-transit permit. Then t, cremation, ar remova | 18. CAUSE OF DEATH (Enter only | one couse per line for (o), (b), ond (c).) | 1 | APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH |
| | attending permit. The | PART I DEATH WAS CAUSED | BY CAUSE (a) Circum | - 1/wouls | Sungarbye Code |
| | he death attendir permit. ian, ar re | 43/9 | DUE TO, OR AS A CONSEQUENCE OF | | |
| | the the sit p | Conditions, Fony, which gove | 1 Oster | ozal a tri 1 | rescular 1110 |
| | s that tician. d by the l-transit , cremat | rise to immediate couse (a), stating the underlying couse | DUE TO, OR AS A CONSEQUENCE OF | | Marin |
| 6 | physician. signed by burial-tran | last. | (c) | | |
| 1 | physic physic signed burial burial | PART 2 OTHER SIGNIFICANT COND | ITIONS CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMINAL DISEASE OR C | ONDITION GIVEN IN PART 1(a) |
| m | ng l en s ne k ta k | | | | · |
| 1 | The law requires the attending physician has been signed by se as the burial-train hariar to burial, sre | 190 DATE OF OPERATION 196. C | ONDITION FOR WHICH OPERATION WAS PER | FORMED 200 AUTOPSY? | 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING |
| N | AN: The law re all are attending ticate has been for use as the Health prior to | 190 DATE OF OPERATION 19b. CO | | YES 🗀 NO 🗀 | CAUSES OF DEATH? |
| | be retained by the haspital or attending ge 3 should be detached for use led with the State Dept. at Health process. | | | 21c. HOW INJURY OCCURRED (Enter | noture of injury in Port 1 or Port 2, tern 18) |
| | ATTENDING PHYSICIAN: stained by the haspital or TOR: After this certificate should be detached far uith the State Dept. of Head in the State Dept. | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. Month Doy Yeor r) P.M. 19 | | |
| | DING PHYSICI by the haspit After this certif be detached State Dept. af | at military and the same of th | LACE OF INJURY (AT HOME, FARM, STREET, FACT | ORY.) 21f LOCATION Street or R.F.D. No. | City or Town County State |
| | he he he lette lette | While Not while of work | COPFICE BUILDING, ETC. | | |
| | by the fifter per control of the con | 22a. I certify that (1) (this | haspital) afterided the decease | d from //// 19.6 | to (d/6/, 19 69, that (1) (we) ast |
| | NDI Sed by Id by Id by | saw the deceased ali | ve on19 | 6 2, and that in (my) (our) only | nion death occurred on the date and hour and from the |
| | ATTER etaine CTOR: shoull vith th | | (I) (we) (did) (did nat) view the b | odý atter dedth. | |
| | ATTENI be retained DIRECTOR: A ie 3 shauld ed with the | 22b SIGNATURE | | ATTENDING M | |
| | De de de le | | 2 | | RECTOR PHYS L |
| | may RAL r, pag be fi | 22d. PHYSICIANS NAME (Type) | Marrey | - M D 22e. ADDRESS | 3460 |
| | 등속 뿐 5 7 | 03- 0.10111 CD514-71011 CD5 | | 1710 | 7 |
| | Page of Punding | 230 BJRIAL, CREMATION 23b D/ Burial 6/ | | EMETERY OR CREMATORY | 23d LOCATION (City or Town) (County) (Stole) Silver Spring Montg. Md. |
| | | Burial 0/ 24 FUNERAL DIRECTOR | ADDRESS | of Heaven | 1 8 0 |
| | VR A15 (4) 45M 1769 | | | | |
| | 43m 1/69 | Francis Gasch's | Sons Hyattsville | Md. MIN 2 | (1 1969 Utlianley Judge |



| L 11 | 1 | MAKYLAND STATE DEPARTMENT OF HEALTH |
|--|----------|--|
| FOR CTATE | - | 08817 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
| FOR STATE | L. | MEDICAL EXAMINER 3 CERTIFICATE OF DEATH |
| HEALTH DEPT. | 1 (| EEEASED NAME ATHIEENST ANNE Middle Last 20. DATE KNOWN Manth Day Year 2b HOUR OF ESTI- |
| elay is nd 3 to Page nent af | | DEATH MATED June 20 196 7/2 7 M |
| delay and 3 | 3. S | ast britiday MONTHS BAYS HOURS MIN AA.AA |
| 202 | 7 | 1 10 may 12 1964 3 485 June 20 1967 5 M |
| Charles | (GU | BIRTHPLACE (Stote-por foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED F. COUNTY OF DEATH |
| far far | _ | Mostruto NC (1) > WIDOWED DIVORCED Frunce Georges Md |
| death re Pages with fa | 7 | TY/OR TOWN OF DEATH 11 NAME OF HOSP TAL OR NSTITUTION (If not in hospital during most of working Mye, even firetired) INDUSTRY 12 LSJA. OCCUPATION (Kind of working Mye, even firetired) INDUSTRY |
| after death 8. Give Pag along with with the Sta | 30 | USUAL RESIDENCE (Where deceased lived, if institution Residence 13s TY OR TOWN 13d inside CT; Limits? 13e STREET AND NUMBER |
| 24 haurs after death in Item 18. Give Pages r's Office along with far es Tand 2 with the State its after death. | 0 | USUAL RESIDENCE (Where deceased lived, if institution Residence 135 TY OR TOWN dmission) STATE MC 136 COUNTY Profits Bowe YES NO 2803 Fedral fore |
| 24 haurs in Item 1 r's Office es rand2 us after | 14. 1 | ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost |
| 24 in lin lin lin lin lin lin lin lin lin | | Calven green Mary Frawley |
| INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages Tand 2 with the State Diation, or remayal, and in any event within 72 hours after death. | | WAS DECEASED EVER N L S ANAED FORCES? (6s, pa) or unknown) (byez give was or dates at service) 16b SOCIAL SECURITY NO Calvin Her 2 80 3 DRESS fe had Joule |
| ed with the lin per lin per lin per lin 72 l | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) } |
| executed anding" in Medical Et permit. F | | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Wounds Multiplicale |
| exe andi Me t pe | ŀ | 8 14.7 DUE TO, OR AS A CONSEQUENCE OF |
| be ipe insi | | rise to immediate cause (a). (b) and severe |
| word word the Chine Chin | | stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF |
| should be en ward "pen a the Chief I burial-transit I in any ever | | 10st (c) Het by a Car |
| frate shauld be executed wring the ward "pending" in peded ta the Chief Medical Exalos a burial-transit permit. File or and in any event within 72 for any for any event within 72 for any | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) |
| certification writing arward used commoval | FICATION | 190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION 20. AUTOPSY? |
| bis certific te, writin farward te used as | | WAS PERFORMED? YES NO NO NO NO NO NO NO N |
| MINER: This the certificate, a should be far files. 3 should be to mation, ar ten | 1 | 21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Manin, Day, Year 21c HOW INJURY OCCURRED (Enter pature of injury in Port 1 or Part 2, tem 18) |
| INER: Te certifice should be files. 3 should artion, ar | MEDICAL | PR MARY DOR CONTRIBUTING HOLPAM June 20 Subject but by a Car |
| HINER: he cert shaul files. 3 shor | ME | 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form street, 21f EOCATION Street or R F.D. No |
| S de le Cre | | WHILE DAT WHILE Street Federal Federal and from St Bourie Professional |
| | | 22a. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection (V), Inquiry (2), and in my apin an |
| o DEPUTY SICAL E | | death resulted from Natural couses 🔲 , Accident 📝 Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌 |
| UTY BICA INY, please e eral director be retained RAL DIRECT priar ta bu | | CHIEF MEDICAL EXAMINER |
| Y, pride re pride | | SIGNATURE Oaston O Walkers, M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED |
| SSOF SSOF Fune NER NER Th | | EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPOTY MEDICAL EXAM |
| TO DEPUTY necessary, property from the funeral 5 may be no to FUNERAL Health price | <u></u> | NAME (Type) DAYTON O NATION ADDRESS(Street, city, town, ar county) |
| 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 23a | BURAL, CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY BEMOVAL (Spacify) JUNE 23, 1969 SARRED HEART Can BOWIE P.G. Md. |
| | 24 | FUNERAL DIRECTOR REGISTRAR 5 S GNATURE FUNERAL DIRECTOR 250 REGISTRAR 5 S GNATURE |
| VR A15ME (3.1) | 1 | ANHAM FINERAL Home, LANHAM Md. DATE JUN 2 3 1969 Whomles Judge |
| 13/ | | The state of the s |



| | | | DIVISION | OF VITAL RECORDS | | | | E, MARYLAND 2 | 1201 | | _ |
|-----|-------------|--|--|--|-----------------------|--|---|--|----------------|-----------------------------|--|
| | | 08818 | | | CERTIFIC | CATE OF DE | ATH | | | 1030 |) 6 |
| Ī | | EASED-NAME pe ar print) | First Hall Ba | Middle by Boy | | Last | | DATE OF DEATH Manth June | 27 Day | Year 969 1 | 2b. HOUR |
| (4) | SE) | male | | ite | | S. DATE OF BIRTH June 26 | | 6. AGE (In last birthd | years I | FUNDER I YEAR ONTHS DAYS | HOURS MIN |
| | CGUN | RTHPLACE (State or foreign ry) Md . | n 76. CITIZEN C | OF WHAT COUNTRY? | WIDOWED | NEVER MARRIED DIVORCED | 9 COL | INTY OF DEATH Prince G | | | Md |
| | | TY OR TOWN OF DEATH Cheverly | | IT NAME OF HOSPITAL OR give street address) Prince Ge | eorge's | General | during mast of t | UPATION (Kind of wa warking life, even if | retired.) | 12b KIND OF INDUSTRY | 3USINESS OR |
| 1 | 3a odmi: | JSUAL RESIDENCE (Where of sidn) STATE | deceased lived, if in | | Blvo | Hets | INSIDE CITY LIMITS? | 13e. STREET AND NU | | ace- | |
| Ī | 14 F | ATHER'S NAME First | Mid | | 3 | S. MOTHER'S MAIDEI | | | Middle | | Last |
| L | | | lly E. | | 7111 | INFORMATIVE. | Barbara | | | mings | tar |
| | | WAS DECEASED EVER IN U.S. s, na, ar unknawn) | S ARMED FORCES? is give war or dates of servi | 16b. SOCIAL SECURIT | IY NO. 17 | INFORMANT | | | Address | | |
| | | 18. CAUSE OF DEATH (En | AUSED BY | 1 | The Assessment of the | 4 | | | | BETWEEN O | hate interval NSET and death |
| ١ | 1 | 7 | | OR AS A TONSEQUENCE (| | 4 | | | | 14. | hr: 1 |
| | | Canditions, if any), which in rise to immediate couse stating the underlying co- lost | (a), (b) | OR AS A CONSEQUENCE O | | The state of the s | | | _ | | |
| ı | ¥. | PART 2 OTHER SIGNIFICAN | | | NOT RELATED 1 | O THE TERMINAL DI | SEASE OR CONDITI | | | | |
| ١ | STIFICA | 19a. DATE OF OPERATION | | R WHICH OPERATION WAS | | 20a. AUTOPSY | № □ | 20b IF YES, WERE I CAUSES OF DEATH? | | | ERTIFYING |
| ı | ₹ | 21a. ACCIDENT WAS UNDI OR CONTRIBUTING CAUSE (If either, notify medical i | OF OEATH HOUR | P.M. | or 19 | | | re of injury in Part 1 | ar Part 2, Ite | | |
| ١ | | 21 d. INJURY OCCURRED While Nat while at wark | | URY (AT HOME, FARM, STREET, OFFICE BUHOING, ETC. | | | | City or Town | 7 | County | State |
| | | 22a. I certify that (I saw the decease couses stated a | ed alive on | did) (did-not) view th | | nd thot in (myl (| , 19 <u>09</u> , (our) opinion | deoth occurred o | n the dote | e ond hour | (I) (we) last ond from the |
| | | 22b. SIGNATURE | -1 | m xufa | in it DEG | ATTENDING REE PHYS. | MED. DIRECTO | OR STAFF PHYS. | 22c. DA | ATE SIGNED | 16% |
| / | | 22d. PHYSICIAN'S NAME (Type) | 07/12 | 少いためい | 1+ | 22e. ADDRES | -71 | 1/42 | T | 1, 2! | 12.17 |
| - 1 | | BURIAL, CREMATION, REMOVAL TSPECTY | 7-11-6 | 9 Prince | | 's Genera | al Hosp. | | .y | (County) PG | (State) Md. |
| | 24 | FUNERAL OFFICE TOR | n /tm) | ADDRI | ESS | 250 | a. REC'D BY REG | | EGISTRAR'S SI | IGNATURE | tel. |

MAKTLAND STATE DEPARTMENT OF HEALTH

Ata

| _ | MAKITAND STATE DEPAKIMENT OF HEALTH | |
|---|--|----|
| <i>j</i> s 1 | 18819 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#6, FilmGlil 7/7/69 km CERTIFICATE OF DEATH 08814 | |
| death meral and 2 r death. | 1 DECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b. pour (Type or print) Theodore John Hammer 06 24 69 10:25 | |
| s offer s | 3 SEX Male 4. RACE 5. DATE OF BIRTH 10-31-87 6. AGE (In years IF UNDER) YEAR F UNDER 24 HRS last b photos Montres DAYS HOURS MIN | 5. |
| S hour | 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH 1. S. A. WIDOWED DIVORCED Prince Georges County, N | |
| and campletely filled in by the two remove carbon papers. Pages 1 any event, within 72 hours after | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital diversity of the street oddress) Riverdale Eugene Leland Mem. Hosp Status of working life, even if ret real industry of the status of the statu | 10 |
| campletely ave carbar y event, wi | 13a SUAL RESIDENCE (Where deceosed lived, if institution: Residence before decreased lived, if institution: Residence before decreased lived, if institution: Residence before decreased lived in the lived | |
| less. | 14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost Cec èlia McCue | = |
| nen please laval, and i | 160. WAS DECEASED EVER IN S ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) Y2 Jane (1918 Jan 1919) \$15-52-6728 MRS. IRENE J. HAMMER Somme as elten 13C | |
| for this certificate has been signed by the attending physical by the attending physical detacthed for use as the burial-transit permit. Then poste Dept. of Health prior to burial, cremation, or remayal, | 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b) APA (c) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave inset to immediate cause (a), Start ng the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF Conditions of any, which gave inset to immediate cause (a), Start ng the underlying cause (b) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| certificate has ber hed for use as the st. of Health prior | 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216 HOW INJURY OCCURRED (February In Part Let Part 2 No. 10.) | _ |
| ed for u | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year [1] either, natify medical examiner) P.M. 19 | _ |
| detach re Dept | While Not while at work of work | |
| avid be avid be the Stai | 220. I certify that (I) (this haspital) attended the deceased from \$1000 ft., 1964, to \$200 ft., 1964, that (I) (we) la sow the deceased olive on \$1964, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (ye) (did) (did nat) view the bady after death. | st |
| O FUNERAL DIRECTOR: After this certificate he director, page 3 shauld be detached for use should be filed with the State Dept. of Health | 22b. SIGNATURE DEGREE PHYS DEGREE PHYS DEGREE PHYS DIRECTOR D | _ |
| broge 4 may brown FuneRal I director, pag should be fill | NAME (Type) A A A A A A A A A A A A A A A A A A A | = |
| E 60. | BURISH JUNE 27/969 CEDAR HILL CEMETERY Suit INVE P. G.'S Md. 24 FLARAL DIRECTOR VALLED IN ADDRESS 250 RECID BY REGISTRAR 1250 REGISTRAR SIGNATURE | _ |
| VR A15 (4) 45M - 1 69 | LANDAM FUNERN HOME LANDAM Md. DARJUN 30 1969 Towney June | |



| 1 | | 08820 | DIVISION OF V | ITAL RECORDS, | 301 W. PI | | | | /LAND 21201 | 103 | 09 |
|--|--------------|--|---|---|---|-------------------------------|--|----------------|--|------------------------------------|---------------------------------|
| | | EASED-NAME First pe or print) | lein Baby | Middle | | lost | 20 | June | Harak B | ^{юү} 19 <i>6</i> 9г | 2b. HOUR 7:50 p |
| 77.6 | SE) | female | 4 RACE white | X VIII | | s date of Birt June | 27, 196 | | lost birthday) | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. |
| 7 6 | o Bi | | TO CITIZEN OF WHA | T COUNTRY? | 8 MARRIED [WIDOWED] | NEVER MARRI | IED X | rince | EATH George' | S | Ma |
| 7 | 0. CI | TY OR TOWN OF DEATH Cheverly | II NAM | NE OF HOSPITAL OR INS | TITUTION (IF no | ot in hospital eneral | | | Kind of work done fe, even if retired | | F BUSINESS OR |
| 0 | 3a (dmis | ISUAL RESIDENCE (Where deceose sion) STATE Md. | d lived, if institution | n Residence before nce George | 13c city or | town 13 | YES NO | | et and number 623 Muir | kirk Roa | ad |
| } | 4 F/ | THER'S NAME First | Middle | Lost | | MOTHER'S MAJ | DEN NAME First | | Middle | | Lost |
| | | Jos | eph | Hanlei | n | | Ann | | C | E | Bell |
| | 16o. Ye | WAS DECEASED EVER IN U.S. ARME s, no, or unknown) (If yes give wo | D FORCES? or dates of service) | 6b. SOCIAL SECURITY N | O 17. II | NFORMANT | | | Address | | |
| | N. | Conditions, if ony, which gove) use to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COND | (c) DITIONS <u>CONTRIBUTI</u> | | | | | | | | |
| | TIFICAT | | | H OPERATION WAS PER | | 20o. AUTOP: | NO 🗌 | CAUSES (| ES, WERE FINDINGS OF DEATH? | | CERTIFYING |
| | | 2To ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examina | HOUR A.M. P.M. | Month Day Year | | | | ure of injury | in Port 1 or Port ! | 2, Item 18) | |
| | * | 21d INLURY OCCURRED 21e. I White Not while 1 of work of work | PLACE OF INJURY (| NY HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. | | | | | r Town | County | Stote |
| | | 22a. I certify that (I) (this saw the deceased all couses stated above. | hospital) otter ve on (i) (we) (did) (did) | nded the decease 27 lid not) view the l | d from 9 <u>& \$_,</u> and pody ofter a | that in (my leath. | 7, 19 <u>47</u>) (our) opinion | ., to <u> </u> | curred on the | 19 <u>くと</u> , the date and hou | rt (I) (we) los rand from th |
| | | 22b. SIGNATURE | della. | m.D | DEGR | (1113 | DIRECT | TOR 🗆 | STAFF DHYS. D | de Date Signed June 2 | 7, 1969 |
| Company of the Compan | | | Kelley | | | | ttsville | | | | |
| | | - A | 11-69 | | Georg | | eral Hos | | | (County) | Md (Stote) |
| A P | 24. | UNERAL DIRECTOR | (,)// | ADDRESS | | 1 | DALUL 1 | | 2Sb REGISTRAI | RS SIGNATURE | 7-01 |

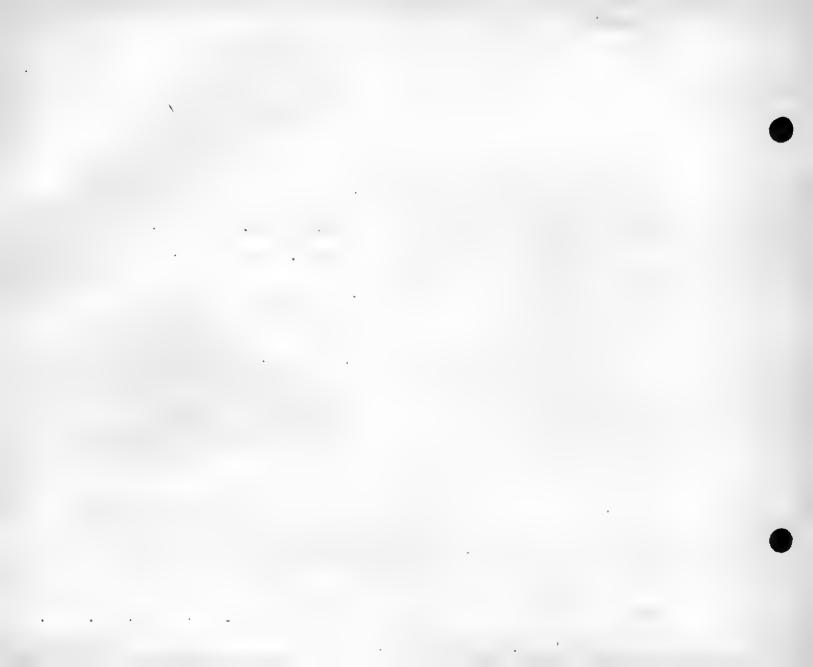


| 1 | | 00004 | DIVISION OF VII | | | ESTON STREET, BA | | MARYLAND 212 | 01 | | |
|---|---------------|--|--|--|------------------------------------|------------------------|----------------|---------------------------------------|----------|---------------------------|------------------------------|
| L | | 08821 | | | | ATE OF DEATH | | | | 0881 | 5 |
| l | | (EASED NAME First ype or print) | | Middle | | Lost | 2o. DAT | E OF DEATH | Dou | - Vana | 2b. HOUR |
| L | | E | phraim | | | Harrid | | June | 3 | 1969 | 7:30A M |
| ì | 3 SE | | 4. RACE | , | 1 | . DATE OF BIRTH | 0 | 6. AGE (In year lost bythdoy) | 3 | MONTHS DAYS | IF JNDER 24 HRS HOURS MIN |
| | Ma. | Le RTHPLACE (State or foreign | 75. CITIZEN OF WHAT | | 0 | Oct. | | | YRS. | | |
| ľ | coun | Maryland | U.S.A | | MARRIED WIDOWED | NEVER MARRIED | | y of DEATH ce George | 1 | | |
| ì | 0 0 | TY OR TOWN OF DEATH | | OF HOSPITAL OR INST | | | | TION (Kind of work of | | 126 KIND OF E | Md Md |
| | | Cheverly | give stree Prin | roddress) ce George | e's Gen | . Hosp. | abor wor | king life, even if reti | red.) | INDUSTRY | INSINESS OK |
| | 30 Jdmi | USUAL RES DENCE (Where deceosision) STATE MD | INVESTIGATION INTO THE Prince G | Residence before | 13c CITY OR 1 | OWN 13d INSIDE CI | | e STREET AND NUMBER 406 Carmo | | Hills D | rive |
| į | 4 F | ATHER S NAME First | Middle | 6051 | | MOTHER'S MAIDEN NAM | E First | Mido | fle | | Lost |
| | | Thomas | | rrid | | Grace | | | | D. | iggs |
| | 16a Y | WAS DECEASED EVER IN & S. ARN es, no, or unknown) (If yes give w | SED FORCES? 16th or or dotes of service) | SOCIAL SECURITY N | | ORMANT Hazel Tho | mas 4 | 902La k el | 8.12.C | ollege. i R.d | Park: |
| | | PART 1. DEATH WAS CAUSED IMMEDIA Conditions, if any, which gove use to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIF CANT CON | DUE TO, OR AS A (b) DUE TO, OR AS A | CONSEQUENCE OF | oric | Vareulas | · dire | | | | |
| | CERTIFICATION | | CONDITION FOR WHICH (| PERATION WAS PER | FORMED | 20a. AUTOPSY? YES NO | 1 CA | IF YES, WERE FINDI JUSES OF DEATH? | INGS CO | ONSIDERED IN CE | RTIFYING |
| | ₹ | 21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examir | H HOUR A.M. M | URY anth Day Year 19 | 21c HOV | V INJURY OCCURRED (E | nter noture of | injury in Port 1 or Pe | orf 2, 1 | tem 18) | |
| | | at work of work | | | | ATION Street or R.F.D. | | City or Town | | County | State |
| | | 22a I certify that (X) (this saw the deceased all causes stated abave 22b SIGNATURE | s haspital) attendive an June, (I) (we) (did) (did | ed the deceased 3 19 nat) view the b | framMay 69, and ady after de | ATTENDING - | MED DIRECTOR | June 3 th accurred an th | | 69, thak te and haur a | (Y)*(we) las |
| | | 22d PHYSIC ANS NAME (Type) I | uis Bentol | ila, M.D | • | 22e ADDRESS | | 's Genera | 1 H | ospital | |
| 2 | 230 | BUNC, CREMATION, REMOVAL (Specify) 23b. I | DATE 7-69 | 23c. NAME OF C | emetery or c | Cen. | 23d. 100 | CATION (City or Town) | | | (State) |
| 2 | 24 | UNERAL DIRECTOR Ankney E | Souly | PANAGE | Yred. A | 2Sq. REC'I | BY REGISTRA | 1969 25b REGIST | RARS | SIGNATURE | J., |





| | _ 0 | MARYLAND STATE DEPARTMENT OF HEALTH |
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| | (%) | 08823 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
| | | CERTIFICATE OF DEATH 08817 |
| نو. | _ 24 | I DECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR |
| death | and 2 death. | (Type or print) JOHN ROLAND HAWKING Manth Doy Year 3:02 |
| - L | l o l er d | 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years I Funder 124 HRS. |
| ŧ, | 2 3 5 | DA P / C Isst Though Outs Many Outs Many |
| _ # | | |
| 5 | 2 2 2 | country) MAKKIEU MEYER MAKKIEU |
| 24 | filled paper paper thin 72 | TO STATE OF |
| 를 | 電点電 ・、 | The state of the s |
| , ₩ | carban ant, wit | CINTON TINE VIEW GARNENS |
| executed | | 130 USUAL RESIDENCE (Where deceosed lived if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER ODMISSION) STATE YES NO [13b COUNTY] |
| (×ex | ind camgremay.ev | THE SATISFON NAME Could Marke Special State of the Satisfon State of the Satisfon Special State of the Satisfon State of the Satisfon Special State of the Satisfon State of the Satisfon Special State of the Satisfon State of the Satisfon Special State of the Satisfon State of the Satisfon Special State of the Satisfon State of the Satisfon Special State of the Satisfon State of the Satisfon Special State of the Satisfon Special Special State of the Satisfon Special |
| | and rer in a | TOSA TOSA |
| - A | sician opeose pleose I, and ii | 1 20000000 |
| s requires that the death certificate | physician en please aval, and | More of unknown (Normal Forces) 166 Social Security No 218 56 3101 Eileen J. Marcos Same As Above |
| erti | hen hen | |
| 丰 | attending p permit. The | 18. CAUSE OF DEATH (Enter any one cause per line for (o), (b) and (c). PART : DEATH WAS CAUSED BY APPROXIMATE INTERVAL BITWEEN ONSE! AND ORATE |
| pap | permet. ran, ar re | IMMEDIATE CAUSE (a) |
| 9 | e al | Cand tions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF |
| at to | ma sit | rise to immediate rause (a) (b) (b) |
| £ : | pnysician. signed by the burial-transit p | storing the underlying cause DUE 10, OR AS A CONSEQUENCE OF |
| ires | pnysician signed by burial-tra burial, cre | 1051 (1) Children Cochen asterio Clerke Moser |
| Led . | sig ba | PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1(a) |
| δ ≥- | s been as the as the prior to | 3 Micubile / Illemites |
| 0 | has been se as the th prior to | 190 DATE OF DPERATION 1916 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| | use ha | |
| Ä. | icate for Hea | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY DCCJRRED (Enter noture of injury in Part 1 or Part 2, Item 18) 3 □ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Day Year |
| 12. | of to | (if either, notify medical exominer) P.M 19 |
| PHYSICIAN: | After this certificate be defacthed for up. State Dept. of Health | 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LDCATIDN Street or R.F.D. No. City or Town County State While Not while |
| | | or work on work — |
| 품 | After After d be o | 220. I certify that (1) (this haspital) attended the deceased from 2-13, 19-67, to 6-12, 19-69, that (1) (we) las saw the deceased alive on 6-13-19-69 and that in (my) (our) opinion death occurred on the date and hour and from the |
| EN | | causes stoted obave, (1) (we) (did) (did nat) yiew the body after death. |
| A E | 5 5 5 5 | 22b SIGNATURE |
| OR ATTENDING | or retained biRECTOR:) e 3 shauld ed with the | I hele Capen DESPRE PHYS DIRECTOR DIRECTOR PHYS |
| | | 22d. PHYSICIAN C 22e ADDRESS 2 |
| F | VERAL VERAL For, page 1d be fu | NAME (Type) PLERED R. LAPIN, MO. CLINTON, MI). |
| O HOSPITAL | Trage 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the | 23a BURIA. CREMATION, 23b DATE 23c NAME OF CEMETERY DR CREMATORY 23d LOCATION (City or Town) (County) (State) |
| 0 | roge 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the | Burrection Cemetery C, inton Pr. Geo. Md. |
| - | Α | 24 FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 2 25b REGISTRAR 5 SIGNATURE |
| jwb | VR A13 44 | Francis Gasch's Sons Hyattsville, Maryland DAIL UN 16 1969 |



| | A | MARTLAND STATE DEPARTMENT OF HEALTH |
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| | | 18824 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
| 100 | 9- I | Item6 FilmGh13 6/23/69 kk CERTIFICATE OF DEATH 08818 |
| | = _2'= | 1. DECEASED-NAME 20. DATE OF DEATH 2b. HOUR |
| | death. | (Type or print) Wary Marcaret Hendrick Month Doy Year 3:10Ph |
| | 5 A E 5 | 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years 15 UNDER YEAR 15 UNDER 24 HRS |
| | \$1 \ 435 | Female White 7-15-07 OST BARS MONTHS DAYS HOURS MIN |
| | ours of | T. PIDTIDLECT IN A T. TILLETTE OF WHILE CONTROL |
| | P S S P | COUNTY ! |
| | Z D O E | |
| | | give street address) (during most of working life, even if retired) INDUSTRY |
| | - W-W | Lannem. Magnolia Tardens |
| | red co co | 130 USJA, RESIDENCE (Where deceased livery f institut on Residence before 130 CITY OR TOWN 13d INSIDE CITY UNITS? 13e STREET AND NUMBER Odmissyan) STATE 136 COUNTY 136 COUNTY |
| | comple comple ove can y event | Wash. D. Till Wash. D. Till Branch Ave. J.L. |
| | and completemore car | 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost |
| | n a se r | John Savage Katie McCallen |
| | ate bi | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng. or unknown) (If yes give word address of service, |
| | A ATTENDING PHYSICIAN. The law requires that the death certificate be executed retained by the hospital or ottending physician. ECTOR: After this certificate has been signed by the attending physicion and comple 3 should be detached for use os the burial-transit permit. Then pleose remove ca with the State Dept. of Heolth prior to burial, cremotion, or removal, and in ony event | 578.05.1439 Ralph A. Hendrick same as 13e |
| | he death certif. attending physical permit. Then prion, or removal, | 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).) APPROX MATE INTERVAL BETWEEN ONSET AND DEATH |
| | ath ndin it. | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Me la nema (b) Financial British |
| | de iffer n, o | DUE TO, OR AS A CONSEQUENCE OF |
| | the critical profice is the cr | |
| | y # y # sinsi | rise to immediate couse (a), (|
| | d b Tro | storing the underlying couse DUE 10, OR AS A CONSEQUENCE OF (c) |
| • | equires that the physician. signed by the burial-transit i burial-transit i | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) |
| 3 | g planting of the planting of | TAKE 2. OTHER SIGNAL CONDITIONS CONTRIBUTION TO SEATE DOT NOT RECEIVED TO THE TERMINAL DISEASE ORCOMUNION STREM IN PART (0) |
| | law endin beer s the rior t | 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AJTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING |
| | PHYSICIAN: The law re the hospital or ottending this certificate has been letached for use os the Bept. of Heolth prior to | CALIFFE OF DEATHS |
| | The r otte | YES NO CAUSES OF DEATH? VES NO CAUSES OF DEATH? |
| | AN In a land of | 210 ACCIDENT WAS UNDERLYING 215 T ME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year |
| | Signature of the state of the s | [If either, notify medical examiner) P.M. 19 |
| | OR ATTENDING PHYSICIAN: be retained by the hospital or NRECTOR: After this certificate e 3 should be detached for u ed with the State Dept. of Heol | |
| | the detries | of work of work |
| | DING J by 1 Affer J be 6 | 22a. 1 certify that (I) (this haspital) attended the deceased from 5-24, 19 69, to 6-14, 19 69, that (I) (we) lass saw the deceased alive an 19 69, and that in (my) (our) apinion death accurred on the date and hour and from the |
| | Pe A Pe | saw the deceased alive an 1964, and that in (my) (our) apinion death accurred on the date and hour and from the |
| | arie God | causes stated above (t) (we) (did) (did not) view the body after death. |
| | Min Section | 226 SIGNATURE 22C. DATE SIGNED 22C. DATE SIGNED |
| | | DEGREE PHYS DIRECTOR PHYS 6-14-69 |
| | Moy Mal | 22d PHYSICHAN'S NAME (Type) 22e. ADDRESS |
| | Page 4 moy be retained by the haspital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, crei | |
| | H B B B B B B B B B B B B B B B B B B B | 230 BURIA. (REMATION, PEMOVA. (Speedy) BURIA. (REMATION, OCCUPATION (City or Town) (County) (Stote) Cedar Hill Cemetery Suitland Maryland |
| | 2-2-100 | |
| | VR A15 (4) | Lee Funeral Home 300.4th st N E ADDRESS Local BY REGISTRAR 256 REC STRAR S SIGNATURE DAY UN 1 7 1969 ADDRESS DAY UN 1 7 1969 |
| | 45M - 1/69 | Lee Funeral Home 300.4th st N E DAN UN 17 1969 followlar Judge |



| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAILHNORE, MARYLAND 21201 OR8819 DESCRIPTION STREET, BAILHNORE, MARYLAND 21201 OR8819 DESCRIPTION STREET, BAILHNORE, MARYLAND 21201 OR8819 DESCRIPTION STREET, BAILHNORE, MARYLAND 21201 TO BE SET OF THE STREET ST | _ | 1 | | | | D STATE DEPARTME | | | | |
|--|--|------------|--|-----------------------|---|--|---------------------|--------------------------------|------------------|---------------|
| DECLASED NAME (Type or prim) Robert L. Henry S DATE OF BRITH S DATE OF | 1 | | 08825 | DIVISION OF | | | | , MARYLAND 21201 | 0001 | o |
| Robert L. Henry 6 28 509 4 24 25 25 25 28 3 5 25 5 29 4 24 25 25 25 25 25 25 25 25 25 25 25 25 25 | 4 | <u> </u> | | | | | | | 0001 | |
| Male Male | ath. | | Type or print) | | | | 2a D | ta il m | Year | 2b. Hour |
| The content of the | uner I or r de | 2.5 | | | L. | | 1 | | | |
| The content of the | offe of the | , , | | | | | | (ast birthday) | | |
| The content of the | SILA | 70 | | | | | | | | |
| MANG OF ROSPITAL OR HISTORY (For Indoor Indoor Hospital Control Page 120 Control Page 130 | a de la | cdn | ntry) Vest Virginia | | AI COONINT: | | " I | | | Md |
| Glenn Dale, Md. Glenn Dale Hospital Glenn Bale Hospital Glenn Hospital Glenn Bale Hospital Glenn Hospital Henry Glenn Hospital Hospital Glenn Hospital Hospital Glenn Hospital Glenn Hospital Hospital Hospital Glenn Hospital Hospital Glenn Hospital Hospital Hospital Glenn Hospital Hospit | a # 8.5 | 10. | CITY OR TOWN OF DEATH | II NA | ME OF HOSPITAL OR IN | STITUTION (if not in hospital | | | 12b KIND OF B | USINESS OR |
| 14. FATHERS NAME First Phillip Henry 15 MOTHERS MANDEN NAME First Mode Coster | with Value of Value o | | | | | | | | INDUSTRY | |
| 16 SO LANS DECEASE EVER IN U.S. ARRED FORES? 16 SOCIAL SECURITY NO. 578-01-7712 Decedent 16 SOCIAL SECURITY NO. 17 INFORMANT Address 18 CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) TIMMEDIATE CAUSE (a) TIMEDIATE CAUSE (a) TIMEDI | corted smplet ve cor ve corted the cortes of | 13a adm | USUAL RESIDENCE (Where deceases sign) STATE D.C. | ed liveg/if instituti | on Residence befare | | | | St., S. | W. |
| 16 SO LANS DECEASE EVER IN U.S. ARRED FORES? 16 SOCIAL SECURITY NO. 578-01-7712 Decedent 16 SOCIAL SECURITY NO. 17 INFORMANT Address 18 CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) TIMMEDIATE CAUSE (a) TIMEDIATE CAUSE (a) TIMEDI | an A Sur See | 14. | | | | 15 MOTHER'S MAIL | | | | Last |
| 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CALLET DEATH WAS CAUSED BY 19. CANSEL MAS LAUSE BY 19. CANSEL MAS LAU | a 2 a i | | Phil | lip | Hen | ry | Cecc | lia | Cu | ster |
| 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 19. CALLET DEATH WAS CAUSED BY 19. CANSEL MAS LAUSE BY 19. CANSEL MAS LAU | cote Sicial Sicial Johan | 160 | . WAS DECEASED EVER IN U.S. ARA | | | | | Address | | |
| BE CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c)) PRATI DATH MAS CAUSE OF IMMEDIATE CAUSE (a) DUE 10, 06/AS CAUSE OF IMMEDIATE CAUSE (b) Left hemiplegia The property of the course of the course (b). It is the middle of the course (| phy en gaval | L | | | | | edent | | TOOD AV III | PAL MIACULA |
| Description | re Thurst | | 18. CAUSE OF DEATH (Enter on | y ane cause per lin | e for (a), (b), and (c). |) Perebral vascu | lar accid | ent(thrombosi | BETWEEN ON | SET AND DEATH |
| DUE TO, OR AS A CONSEQUENCE OF LAW IN LONG CONTRIBUTING TO LEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) PART 2. OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) | deat mit. | | | iTE CAUSE (a) | | | | | 2 da | ays |
| THE TAY HOLD TO BE TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED TO DESCRIPTION FOR WHICH OPERATION WAS PERFORMED TO DESCRIPTIO | the at per | 1 | Conditions of any which anyon | DUE TO, OR A | rd cerepra | l_vașcular ac | cident, r | ight, with | | |
| The part 2. Other significant conditions contributing to be at the underlying couse (Generalized arteriosclerosts years) PART 2. Other significant conditions contributing to beath but not related to the terminal disease or condition given in part 1(o) Pulmonary tuberculosts Part 2. Other significant conditions contributing to beath but not related to the terminal disease or condition given in part 1(o) Pulmonary tuberculosts Part 2. Other significant conditions contributing to be a possible of the pulmonary tuberculosts Part 2. Other significant conditions contributing to be a possible of the pulmonary tuberculosts Part 2. Other significant conditions contributing to be a possible of the pulmonary tuberculosts Part 2. Other significant conditions contributing to be a possible of the pulmonary tuberculosts Part 2. Other significant conditions contributing to be a possible of the pulmonary tuberculosts Part 2. Other significant conditions contributing to be a possible of the pulmonary tuberculosts Part 2. Other significant conditions contributing to be a possible of the pulmonary tuberculosts Part 2. Other significant conditions contributing to be a possible of the pulmonary tuberculosts Part 2. Other significant conditions contributing to be a possible of the pulmonary tuberculosts Part 2. Other significant conditions contributing to be a possible of the pulmonary tuberculosts Part 2. Other significant conditions contributing to be a possible of the pulmonary tuberculosts Part 2. Other significant conditions contributing to the pulmonary tuberculosts Part 2. Other significant conditions contributing to the pulmonary conditions of the pulmonary co | int 1 T. th. Instit | | rise ta immed ate cause (o), | (b) | left hemi | plegia | * | | 7 m | onths |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Pulmonary tuberculosis 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTIOPSY? YES A NO 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. AUXISES OF QUANTIES OF OPERATION 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hom 18.) 22c. DATE S GNED (AJSC) (CAUSES ON A CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION | as the section of the | | | (c) Ge | eneralized | arterioscler | osis | | yea: | rs |
| Pulmonary tuberculosis Polmonary tuberculosis Polmonary tuberculos | phys phys iigne surio | | PART 2. OTHER SIGNIFICANT COM | IDITIONS CONTRIBUT | ING TO DEATH BUT N | OT RELATED TO THE TERMINAL I | DISEASE OR CONDITIO | N GIVEN IN PART I(o) | | |
| 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF CAUSE IN CAUSE OF | v reing | l z | Pulmonary | tubercu. | losis | | | | | |
| The part of the pa | lav tendi s be os t prior | CATIC | 19a. DATE OF OPERATION 19b. | CONDITION FOR WHI | CH OPERATION WAS PE | | | | CONSIDERED IN CE | RTIFYING |
| The part of the pa | The ha | | OL ACCIDENT MAC UNDERLYIN | 6 Jan sins as | | | | | | |
| Willed Not while at wark of the deceased from 6/19/ 1968, to 6/26/ 1969, that (IX (we) last saw the deceased alive an 6/26/ 1969, and that in (XXY) (aur) apinian death accurred an the date and have and from the causes stated above, IX) (we) (did) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | AN: al o al o ficati for Hec | | OR CONTRIBUTING CAUSE OF DEAT | H HOUR A.M. | | | RRED (Enter nature | at injury in Part 1 or Part 2, | Ifem 18.) | |
| While Not while 22a. I certify that (A) (this haspital) attended the deceased fram 6/19/, 1968 to 6/26/, 1969 that (A) (this haspital) attended the deceased fram 6/19/, and that in (A) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (d | SIC spirit erfil red t. of | | | | | | ar DED No. | Catalon Tarres | County | Cinia |
| 22a. I certify that (1) (this haspital) attended the deceased fram 6/19/, 1968, to 6/26/, 1969, that (1) (we) last saw the deceased alive an 6/26/ 1969, and that in (1) (aur) apinian death accurred an the date and hour and fram the causes stated abave, (1) (we) (did) (d | this clearch | | While Not while at work | | | | | • | , | |
| Saw the decedsed alive an of the causes stated above, (1) (we) (did) (&XXXXX) view the bady after death. 226. Date 5 GNED 220. Date 5 GNED | DIN by Affer Stat | | 22a. I certify that 🔕 (th | is haspital) atte | nded the decease | ed fram 6/19/ | , 1968, | 10 <u>6/26/</u> , 19 | 69, that | (X (we) last |
| DEGREE ATTENDING DIRECTOR COUNTY) 220. DATE S GNED ATTENDING DIRECTOR COUNTY) DEGREE ATTENDING DIRECTOR COUNTY) AND DEGREE PHYS 220. DATE S GNED 6/26/69 | med med the the | П | causes stated abave | nve an 👊 | ddddXXX view the | bady after death. | (aur) apinian a | earn accurred an the a | are and naur a | na tram the |
| DEGREE PHYS DEGREE PHYS DEGREE PHYS DECIDE & PHYS DATA OF CEMETERY OF CREMATORY June 28/1969 DEGREE PHYS DATA DEGREE PHYS DATA DEGREE PHYS DEGREE PH | AT AT Short | | | 100 | , | | 2216 | 22c. | DATE S GNED | |
| Moe Weiss, M.D. 226. ADDRESS 22 | OR be red v | | VVA | (May | 2 | DEGREE PHYS | DIRECTOR | © PHYS □ 6/ | 26/69 | |
| Moe Weiss, M.D. Glenn Date Hospital, Glenn Date, Md. 230 BURNAI 235 DATE 230 BURNAI 235 DATE 230 BURNAI 236 DATE 230 SURNAI 236 DATE 230 SURNAI 236 DATE 230 BURNAI 237 DATE 230 BURNAI 238 DATE 231 DATE 232 BURNAI 238 DATE 233 BURNAI 238 DATE 236 DATE 237 BURNAI 288 DATE 238 DATE 239 DATE 230 BURNAI 288 DATE 230 BURNAI 288 DATE 230 BURNAI 288 DATE 230 BURNAI 288 DATE 231 DATE 232 DATE 233 BURNAI 288 DATE 234 DATE 235 DATE 236 DATE 237 DATE 238 DATE 239 DATE 230 DATE 231 DATE 232 DATE 233 DATE 234 DATE 235 DATE 236 DATE 237 DATE 238 DATE 23 | TAL AL A Pag Pag e fill | | MAME /Tyron | | | | | 1. 1. 61 | n - 1 - 34 | 1 |
| June 28/19(9 Fort Lincoln Cemetery Bladnesburg, Laryland | A n A n A n A n A n A n A n A n A n A n | | | | | | | | | |
| Diadrescurg, Aryland | O HC age FUI shot | 23a | BURIAI Jime | 28/196 | 9 Fort | Lincoln Cem | 1 | | , ,, | , , |
| ADDRESS: 250 RECID BY REGISTRAR 250 REGISTRA | | 24 | | 7 | | and the state of t | 1 | | | Lair. |
| 10 A12 A12 | VR A15 4 V 45M - 1759 | ,, | | 1 | 1. 1. 15 | | | | | |



| 18826 DISSION OF VITAL RECORDS, 301 W. PRESTON STREET, BATHMORE, MARYLAND 21201 18626500 MM. Holds 1970 MM. | 1 | 1 | 20000 | | ND STATE DEPARTMENT (| | |
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| 22d. PHYSICIANS NAME (Type) 23d. BUR AL (REMAT ON, BEMOVAL (Specity) BUR 121 23c. NAME OF (EMETERY OR CREMATORY Lucas Cemetery Lucama Wilson N. C. 24 FUNERAL DIRECTOR 22d. PHYSICIANS NAME (Type) 23d. LOCAT ON (City or Town) (County) (State) REMOVAL (Specity) ADDRESS 25d. RECD BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 3 SIGNATURE | DR: poulo | | causes stated abave, | (I) (we) (did) (did not) view th | e bady after death. | apman again acconed on me | agic dira hoor aria flatii me |
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| 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE | Dig. | L | u | MARRAM | DEGREE PHYS | DIRECTOR PHYS. | 6.18-69 |
| 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE | AL AL Poor | | | W/ MAITN | M/ 22e. ADDRESS | 1/2 1110 A A A PO | 77/11 |
| 24 FUNERAL DIRECTOR ADDRESS 250 RECIDENTAR 250 REGISTRAR 2 STORED BY REGISTRAR 5 SIGNATURE | A n A n NER tar, | | | 0 1111 11 11 | 11/3 | Jurianie | , , , , , , |
| 24 FUNERAL DIRECTOR ADDRESS 250 RECIDENTAR 250 REGISTRAR 2 STORED BY REGISTRAR 5 SIGNATURE | HO age | 230 | BUR AL CREMATION, 23b DA | | | | |
| 100 Alexandra de la companya del companya del companya de la compa | 5 5 5 s | | | | | | |
| Francis Gasch's Sons Hyattsville, Md. DATE UN 2 0 1969 | VR A15 (4) 45M - 1/69 | | | | 8.1 | IN 2 0 1969 REGISTRAN | relay Jordala |

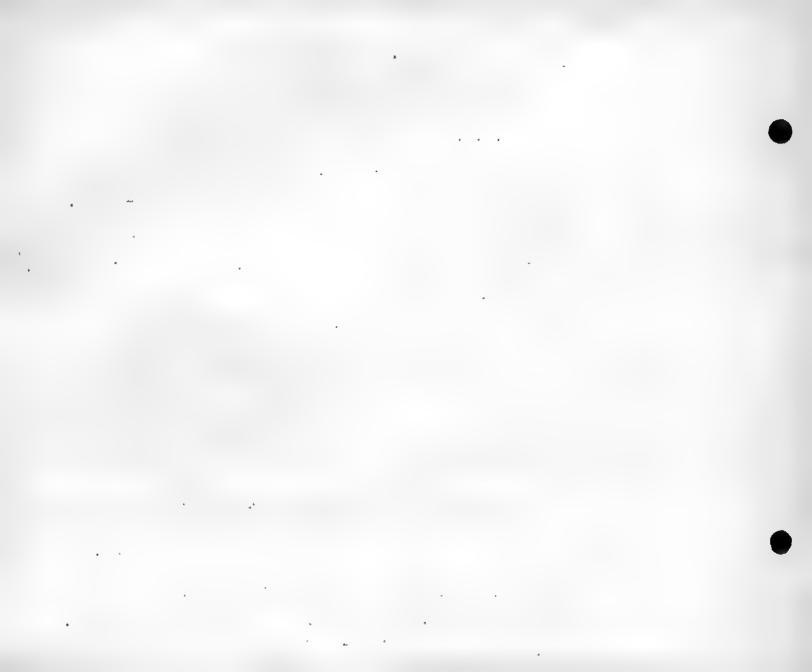


| - | 7 1 | | 3882 7 DIVI | SION OF VITAL RECORDS, 3 | 301 W. PRESTON STREET, BALT | MORE, MARYLAND 21201 | 08821 |
|--------|--|---------------|---|------------------------------------|--|---|---|
| | \' | 1 | Item6 FilmG413 6/1 | | ERTIFICATE OF DEATH | | 00021 |
| | £ 433 | 1. | DECEASED-NAME First (Type or print) | Middle | Lost | 20 DATE OF DEATH | 2b. HOUR |
| | offer. death | L | Maude | | Hill | June 8°, | 1989 11:30R |
| | a Translation | 13 | SEX 4 R | | S. DATE OF BIRTH | | UNDER , YEAR IF UNDER 24 HRS. |
| | | 70 | STAMALE BIRTHPLACE (State or foreign 7b, CIT | White IZEN OF WHAT COUNTRY? | 12-18-79 | | |
| | 24 haurs ad in by inpers. Pa | ((| | S A | 8 MARRIED NEVER MARRIED NEVER MARRIED DIVORCED | 9. COUNTY OF DEATH Prince George's | |
| | and completely filled in remove carban papers. | 10 | CITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL OR INST | ITUE ON Of not in hospital 120 USUA | OCCUPATION OF more done | Md. 12b K ND OF BUSINESS OR |
| | with tely with with | | verly | Prince Georg | ge's Gen. Hosp. | | INDUSTRY |
| T) | mple | 13 ad | USLA. RESIDENCE (Where deceosed lived miss on) STATE EW YORK MP | it institution. Residence before | 13c CITY OR TOWN 3d (NS OF CITY LIV Plain View YES NO | 13e STREET AND NUMBER 16 Sunrise St | maat |
| IL / | d co | / - | FATHER'S NAME First | M ddle Lost | 15. MOTHER'S MAIDEN NAME FO | | lost |
| | be n n an d in d | 3 | | | | · · · | (03) |
| | requires that the death certificate be executed within 24 has physician. I signed by the attending physician and completely filled in a burial-transit perm.t. Then please remove carban papers. burial, crematian, ar removal, and in any event, within 72 h | 16 | Yes, no, or unknown) (If yes give war or dates | | 1 - 1 | 1164 BALTO | 44 |
| | ng p The | | 18 CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY | | | TAG LIFER Y | APPROX MATE INTERVAL BETWEEN ONSET AND OFATH |
| | endii n.t. | | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUS | E (0) Pulmonary | embolism | | SE TRUE ONSET HAV OTHER |
| | he d off per | | 5/5 X DI | JE TO, OR AS A CONSEQUENCE OF | | | |
| 1,00 | at the country of the | | Conditions, if ony, which gove asset to immediate couse (a). | (-, | t cholecystectomy | | 7 days |
| A mark | equires throphysician. signed by burial-trar burial-trar burial-trar | | stating the underlying cause DL last. | E TO, OR AS A CONSEQUENCE OF | | | |
| 613 | quire phys igne igne nuria | | PART 2. OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NOT | RELATED TO THE FERMINAL DISEASE OR (| ONDITION GIVEN IN PART 1(g) | |
| | reming he he he he he he he he | 1 | | | | , , | |
| 7 | attending has been se as the th priar to | CEPTIFICATION | 196. DATE OF OPERATION 196. CONDITI | ON FOR WHICH OPERATION WAS PERF | ORMED 200. AUTOPSY? YES NO | 20b. IF YES, WERE FINDINGS CONS CAUSES OF DEATH? | DERED IN CERTIFYING |
| | ar or | | | I TIME OF INJURY | | Poture of injury in Part 1 or Port 2, Item | 18) |
| | CIA Dital Diffice diffice of H | - Poid | OR CONTRIBUTING CAUSE OF OEATH (If either, notify medical examiner) | OUR A.M. Month Day Year P.M. 19 | | | , |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed veraged 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 shauld be detached far use as the burial-transit perm.t. Then please remove cars should be filed with the State Dept. of Hearth priar to burial, crematian, ar removal, and in any event. | N N | 21d. INJURY OCCURRED 21e. PLACE Of While Nor while of work | | RY.) 21f. LOCATION Street or R.F.D. No. | City or Town | County State |
| | ING by t ffer ffer be d | | | ital) attended the deceased | from June 2 , 19.6. 6.9 , and that in (my) (aur) apir | 9 , to June 8, 19 <u>6</u> | 9 , thXXX(X) (we) lost |
| | R: A uld | | saw the deceased alive ar | ve) (did) (did nat) view the bo | 69_, and that in (my) (aur) apir | nan death accurred an the date | and hour and from the |
| | ATI efail sha viff | | 22b SIGNATURE | 22115 | \ | 22c DAT | E SIGNED / |
| | OR be 7 | , [| Alline | 1 & Heutro | | RECTOR STAFF D | 9/61. |
| | May SAI See finds | | 22d PHYSICIAN'S NAME (Type) | | 22e. ADDRESS | | |
| | OSP JNEF ctor. | 22 | BURIAL CREMATION, 236 DATE | B. Valentin, M. | METERY OR CREMATORY | eorge's General | |
| | O HOSP Page 4 r O FUNE director, shauld | 23 | REMOVAL (Specify) 6-11- | 69 Faun | nount Cary | Newark 7 | County) (State) |
| | VR A15 [4] 45M 1/69 | 24 | FUNERA. DIRECTOR | Buer Thon | 2So SECD RY | | NATURE SALGE |
| | | | | | · · · · · · · · · · · · · · · · · · · | | |



| . 1 | 08828 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|--|------------------|
| | Item#7a,b, FilmG414 7/7/69 km CERTIFICATE OF DEATH 08822 |) |
| £ _2€ . | 1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 1.36 | HOUR |
| death meral and 2 death | (Type or print) Alma Louise Hines June 26, 1969 | W |
| | 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years If UNDER, YEAR f JND | DER 24 HRS |
| | Female White 03-26-05 64 YRS | ANIN 2 |
| haur haur | 70 BIRTHP ACE (State or fore gn (COUNTY OF DEATH 9. COUNTY OF DEATH | |
| In 24 illed i page hin 72 | COUNTY Carolina USA WIDOWED DIVORCED Prince George's | Md. |
| cecuted within 24 campletely filled have carban page y event, within 7 | 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital during most of work dane during most of w | SS OR |
| amplete | 13a USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY | |
| cam cam | MD Prince George's New Carrollton 7606 Fountainbleau | |
| be execute n and camp se remave d in any eve | 14 FATHER'S NAME First Middle Last IS. MOTHER'S MA DEN NAME first Middle Last Georgia S. Boone | 1 |
| printicate to present of present of present of order of order of order o | 16d WAS DECEASED EVER IN U.S. ARMED FORCES? Yes and or unknown) (1 yes give wor or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT Frances Hines, As 13 E | |
| The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physic on and campletely filled in by the funeral se as the burial transit permit. Then please remave carban papers Pages and 2 in prior taburial, crematian, ar remavar, and in any event, within 72 hausses death | BETWEEN ONSEQUENCE OF Cand.tions, if any, which gave rise to immediate cause (a). But 10, OR AS A CONSEQUENCE OF Cond.tions, if any, which gave rise to immediate cause (a). Stating the underlying cause (b). PART 2 OTHER SIGNIF-CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | RYAL DEATH |
| ICIAN: bital or trificate d far u af Heal | The date of operation of the condition for which operation was performed at wark at wa | State |
| | 220. I certify that (I) (this haspital) attended the deceased fram 1967, to 26, 1969, that (I) (saw the deceased alive an 25, and that in (my) (our) apinian death accurred on the date and hour and from the courses stoted above, (I) (we) (did) (did not) view the body ofter deoth. 22b SIGNATURE 22c DATE SIGNED 22d PHYSICIAN S NAME (Type) 22e ADDRESS | ve) last ram the |
| TO HOSPITAL Page 4 may TO FUNERAL I director, page shauld be fil | 23a BURIAL (REMATION, PANYAL (REMATION) (Caunty) (State Control of | (e) |
| VR A15 (4) 45M - 1/69 | 24. FUNERAL DIRECTOR Robert E. Wilhelm Foreval Home 4308-Suitland, Rd., Suitland, Md. 250 RECT BY REG STRAR 3 SIGNATURE DATE JUN 3 0 1969 | • |





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08830 08824 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First 20 DATE KNOWN NOT Month 2b HOUR (Type or Print) OF ESTI-DEATH MATED 8: 30pm Robert Patrick Hughes deloy and 3 t 4 RACE 6 AGE (In years F UNDER 1 YEAR F JNDER 24 HRS 3 SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d, HOUR White Male 12-15-1942 26 19 8: BODMM 7g BIRTHPLACE (State or foreign 17b CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED 9. COUNTY OF DEATH and 2 with the State Di WIDOWED [DIVORCED [Penn. Prince George's ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) Prince George Hospital define most of marker fit shall the it mined) + MONTRY -Cheverly 13a. USUAL RES DENCE (Where deceased ved, finishtutian Residence before 13c. CITY OR TOWN 13d INSIDE CITY L MITS? 13e. STREET AND NUMBER Stirrup Prince George's ert to AEZ DA NO L Rourie 12/02 Stirrey Lane 14 FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME Joseph E. Hughes Irene M. Jones hours 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, ne or unknown) (If yes give war or dates of service) 169-32-6188 Carol Hughes (above address (Wife) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Shock APPROX MATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple pellet wounds of abdomen IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES X NO 21g EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) MEDICAL PRIMARY OR CONTRIBUTING 5:30pm 6-24- 19 69 Shot during altercation CALSE OF DEATH 21e. PLACE OF INJURY (At name, farm, street. 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State AT WORK AT WORK Box 40. Lancaster Lane, Bowie, Prince George County, Maryland 220. I certify that I taak charge of the remains pescribed above, held an Autapsy X, Inspection X, Inquiry and in my opinion death resulted from Natural causes (A) Accident . Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED the funerol SIGNATURE DEPUTY MEDICAL EXAMINER 12 **EXAMINER'S** 5 may ro FUNE Heolth NAME (Type) ADDRESS(Street city, town, or county) Riverdale, Md. Kehoe MD 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23d LOCATION (City or Town) (County) REMOVAL (Specify) 6/30/69 Pittsburgh, Pa. Mt.Carmel Cem. Nalley's Funeral ADDRESS Mt. Rainie 1250 RECO BY REG STRAK 24 FUNERAL DIRECTOR 25b. REGISTRAR S SIGNATURE 1969 VR A15ME (5) Home Inc. Maryland

MAKILANU STATE DEPAKTMENT OF REALIN

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----4 4 ъ 1 . .

| | 08832 | Item 129 | RECORDS, 301 W | . PRESTON STREE | T, BALTIMOR | E, MARYLAND | 21201 | | |
|---------------|---|---|--|----------------------|---------------------|--------------------------|----------------|---------------------------|---------------|
| - Brown | Items#1,#14 | | | ICATE OF DI | EATH | | | 088 | 326 |
| 1. | DECEASED-NAME First (Type or print) | Michael | Middle Josephy | h Lost | 20. | DATE OF DEATH | Day | Yeor | 2b. HOUR |
| L | Bap | 7 1 1 | Le Hy | | | June | | 1969 | 5:20PM |
| 3. | SEX | 4. RACE | | S. DATE OF BIRTH | | 6. AGE (In lost birth | | | HOURS MIN. |
| L | Male | White | 1. | 06-21-6 | | Y | — YRS | | 30 20 |
| (0 | BIRTHPLACE (State or foreign untry) | 76 CITIZEN OF WHAT COL | L PUNKIN | IED 🔲 NEVER MARRIQ | A LA | UNITY OF DEATH Prince G | la amea 1 | | |
| 10 | CITY OR TOWN OF DEATH | U.S.A. | HOSPITAL OR INSTITUTION | | | UPATION (Kind of w | | | Md. |
| | Cheverly | PHTHEP | weeorge's 0 | en. Hosp. | during most of s | warking life, even il | retired) | 126 KIND OF B INDUSTRY | DOINEDO OK |
| 13- ed | USUAL RESIDENCE (Where deceos | ed lived, if institution Res | sidence before 13c. CIT | | INSIDE CITY LIMITS? | 13e. STREET AND N | | | hmont |
| L | י ויו | | eorge's Hil | | ES NO | 1293/5/ | | stante, | Avc. |
| 14 | FATHER'S NAME First | Middle | Lost | 15 MOTHER'S MAIDE | | | Middle | | Lost |
| 1 | Harold WAS DECEASED EVER IN U.S. ARM | Gene | Kahne OCIAL SECURITY NO. | 17 INFORMANT | Do | | Lee Address | Нув | san |
| 110 | | or or dotes of service) | JUIAL SELUKITT NO. | I/ INFUKMANI | | | Address | | |
| F | 19 CAUSE OF BEATH (Fater and | ty and course on the feet | a) (b) and (d) | | | | | APPROXIMA | ATE INTERVAL |
| | 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA | BY: | o), (b), and (c).) | | | | | BETWEEN ON | SET AND GEATH |
| | , IMMEDIA | TE CAUSE (a) <u>Respi</u> Due to, or as a co | ratory dis | rress synd | rome | | | | |
| н | Conditions, if any, which gave | , | naturity (| avposted d | ata of 1 | himth Marr | 21) | | |
| | rise to immediate couse (a), stating the underlying couse | DUE TO, OR AS A CO | | expected d | ate of i | DIPUT May | 2,1,) | + | |
| 1 | lost underlying couse | | locarditis | - tricuspi | d valve | | | | |
| | PART 2. OTHER SIGNIFICANT CON | | | | | ION GIVEN IN PART 1 | (0) | | |
|] _ | Etiology | to be deter | mined | | | | | | |
| FEBTIEIFATION | 196. DATE OF OPERATION 196. | CONDITION FOR WHICH OPE | RATION WAS PERFORMED | 20a AUTOPSY | ? | 20b. IF YES, WERE | | ASIDERED IN CEI | TIFYING |
| T I I | | | | YES 🔲 | NO 🔲 | CAUSES OF DEATH? | | | |
| 1 2 | 210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT | | y 21 th Doy Yeor | . HOW INJURY OCCURE | RED (Enter notur | e of injury in Port 1 | or Port 2, Ite | m 18.) | |
| MEDICAL | (If either, notify medical examin | ier) P.M. | 19 | | | | | | |
| 2 | 21d INJURY OCCURRED 21e. While Not while at work of work | PLACE OF INJURY (AT HOME OFFICE I | E, FARM, STREET, FACTORY.) 21 Building, ETC | F LOCATION Street or | r R.F.D. No. | City or Town | | County | Stote |
| | 22a. I certify that XIX (this saw the deceased a | s haspital) attended | the deceased fram | June 21 | 1, 1969_, | ta_June_2 | 2 , 69 6 | 59_, that | (We) last |
| | saw the deceased a causes stated above | ive on June 2 | 2 19 69, | and that in (my) (| (aur) apınian | death accurred o | an the date | e and hour a | nd fram the |
| | 22b. SIGNATURE | , (i) (we) (uid) (aid iii | any view life budy di | - | | | 22c 114 | ATE SIGNED | |
| | 17 | 16/160 | " - le | ATTENDING PHYS. | MED. | R STAFF I | | -22-6 | 9 |
| L | 22d. PHYSICIAN S | | ure - | 22e. ADDRESS | | 1110. | | | |
| | NAME (Type) Patr | ick A. Rear | don, M.D. | 9430 | Lanham- | Severn Rd | l., Se | abrook | , MD |
| 23 | b. BURIAL, CREMATION, 23b. I | DATE | 23c. NAME OF CEMETERY | | | LOCATION (City or 1 | own) | (County) | (Stote) |
| | Cremation 6- | 28-69 | Pr. George | | - | heverly, | | | , Md. |
| 24 | FUNERAL DIRECTOR | ; / | ADDRESS | 250 | REGD BY REGI | STRAR 25b R | EGISTRAR'S SI | GNATURE | <u> </u> |
| Ĺ | 7 1 | Harry W. | Penn, Jr., | Adminis. D/ | ATE . | 1000 4 | | In the same | |

MAKTLAND STATE DEPAKTMENT OF HEALTH

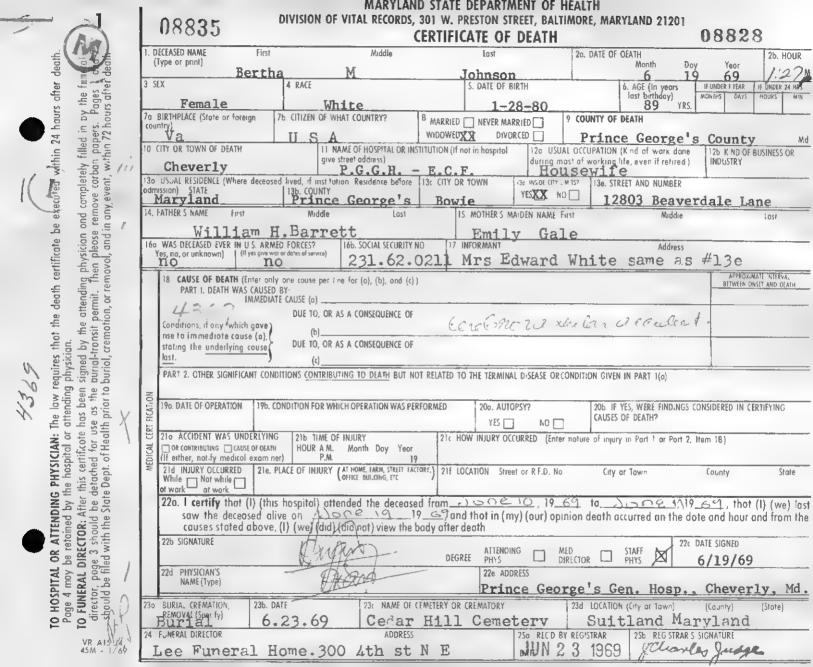


| 1// 1 | 1 | | | DIMICION | | | | | ENI UP HEA | | (1 A MD . A | | | |
|--|---|--|--|--|--|--------------------------------|-----------------|---------------------------|------------------------------------|---------------------------------------|-------------------------------|-------------|-----------------------------|-----------------------------------|
| -/- | | 08 | 833 | DIAISION | OF VITAL RE | | | ATE OF [| | JKE, MAKT | LAND 212 | | 0882 | ly . |
| - 2- | | 1. DECEASED-N | AME Firs | <u> </u> | Mia | ddle | | Lost | | DATE OF DE | FATU | | 0002 | |
| to go a | | (Түрө ог рг | nt) Ethel | | В | udie | Je | fferson | | o. DATE OF DE | Julyan | 212/3 | 126 9 | 26. Holek 11 P M |
| s after | / | 3 SEX Fem | | 4. RANGE | gro | | | S DATE OF BIR 6-15- | 1897 | | AGE (in year last birthday | YRS, | | F LINDER 24 HRS. HOURS MIN |
| in 24 hours illed in by the papers. Paghin 72 hours | | 76. B RTHPLAC | E (State or foreign . D. C. | 76. CIT.ZEN | OF WHAT COUNTRY | À. | MARRIED WIDOWED | NEVER MARR | HED 9 C | Prince | e Geor | ges | | Md |
| within 24 i | * 1 | io, city or to Hyatts: | own of death ville | | 11 NAME OF HOSP alvestmen address 6500 R18 | gs Rd | Nur Nur | nawiptole sing Home | 120 USUAL O | | | | 126, KIND OF BI INDUSTRY | |
| yetared within 24 completely filled thouse carbon paper in yevent, within 77 | * | Was | | osed lived, if 135 COU | nstitution: Residen: NTY | ce before | 13c CITY OR | TOWN 13 | AER NO U | | I and nume | | Apt.333 | |
| be ed order | 4 | | WMF11ienh anniskes | H.Mic | ldle Bann | ıišter | 15 | MOTHER'S MAIL | DEN NAME First | | Mrd | die | Twyn | lost nan |
| ertificote b physician nen please oval, ond i | ** | | EASED EVER IN JS AR | MED FORCES? war or datus of serv | 16b SOCIAL | . SECURITY NO |) 7 Hi | | effers | on-hu | sband | ess -san | | above |
| ie death c attending permit. The | | Condition rise to in storing the last | SE OF DEATH (Enter of T I. DEATH WAS CAUS IMMED as, if ony, which goven mediate cause (a), he under ying cause OTHER SIGNIFICANT CO | ED BY LATE CAUSE (a) DUE TO DUE TO LODITIONS COM | OR AS A CONSEQUENCE OR AS A CONSEQUENCE OF CONSEQUE | RATION PROPERTY OF ATH BUT NOT | CAL _ - VAS | EMPAIR CULAR | | → //ASU 1 KUTI C ITION GIVEN II | DISEI N PART I(0) | 95 E | BETWEEN ONS | TIEVING |
| SICIAN: The spitol or attraction attraction or attraction with the serificate has red for use of Health p | 7 | ☐ OR CON | IDENT WAS UNDERLY! IRIBUTING CAUSE OF DEA notify medical exam | iner) HOUR | P.M. | 19 | | | RRED (Enter not | | in Port 1 or F | | | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached for use as the buriol-transit shauld be filed with the State Dept. of Health prior to buriol, cremati | 1 | While of work 22a. I can | Not while of work certify that (!) (the deceased above at the dec | alive an | attended the | deceased 19 New the bi | from_ | ATTENDING PHYS 22e ADDRE | (out) apinion MED DIRECT MES TEO | TOR G | 123 Surred on t | 22c DA1 | 23/69 | Store (I) (we) last and fram the |
| === | 73 | 23a BURIAL, (BOUL 24 FUNERA, I | rem / 6 | DATE //27/6 | // 1/ | name of ce | METERY OR | crematory emoria | | tery | (City or Town |) (| | (Stote) |
| VR A15 45M 1 | 像》 | Stewa | rt Funer | а1 н6 | me-4001 | l Ben | ning | _ | | | 1 | | relay Ju | dec_ |



| | Ì | 0000* | | D STATE DEPARTMENT OF 1 301 W. PRESTON STREET, BALT | | |
|---|-----------------|---|---|---|---|--|
| 1 | | 08834 | | ERTIFICATE OF DEATH | , | 10320 |
| | | CEASED-NAME First ype or print) | Middle | Lost Johnson | 20. DATE OF DEATH Month June 24 | 26. HOUR 1969 3:30A M |
| | 3 55 | X | 4 RACE | 5. DATE OF BIRTH | 6 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MAIN |
| | | Male | Colored | 06-23-69 | YRS. | 1 7 5 |
| 1 | 7o. I | STRTHPLACE (State or foreign try) | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED X | 9 COUNTY OF DEATH | |
| ł | 10. (| ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR INS | WIDOWED DIVORCED | Prince George's | 7110 |
| | | Cheverly | Prince George | e's Gen. Hosp. during m | AL OCCUPATION (Kind of work done ost of working I fe, even if retired.) | 126. KIND OF BUSINESS OR INDUSTRY |
| ŀ | 13o. odmi | Con) Clair | d lived, if institution: Residence before | 13c CITY OR TOWN 13d INSIDE CITY II | - I TOTAL TATAL TRANSPORT | |
| | 14 6 | ATHER'S NAME First | Middle Lost | | _ 101 12 (11 2) [1 | |
| | 1 6 1 | Clarence | | IS MOTHER'S MA DEN NAME F | rist Middle Plotte | lost |
| | 160 | WAS DECEASED EVER IN U.S. ARMI | D FORCES? 16b. SOCIAL SECURITY N | | Address | |
| | Υ | es, no, or unknown) (II yes give wa | f or dates at service) | | 2461633 | |
| | | 18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | one couse per line for (o), (b), ond (c)) BY. E CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF | Lurity. | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| I | | rise to immediate couse (a), stoting the underlying couse lost. | DUE TO, OR AS A CONSEQUENCE OF | AUT TO CONS | 7). | |
| | NC | | | T RELATED TO THE TERMINAL DISEASE OR C | ONDITION GIVEN IN PART 1(0) | |
| | CERTIFICATION | | ONDITION FOR WHICH OPERATION WAS PER | FORMED 200 AUTOPSY? YES | 206. IF YES, WERE FINDINGS COL CAUSES OF DEATH? | NSIDERED IN CERTIFYING |
| ı | = | 210 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examine | HOUR A.M. Month Doy Yeor P.M. 19 | | noture of injury in Port 1 or Port 2, Ite | em 18.) |
| ١ | | While Not while at work | CONFICE GUILDING, EIC | ORY.) 21f LOCATION Street or RFD No. | | County State |
| | | couses stated above, | haspitol) attended the decease ve an June 24 19 (I) (we) (did) (did not) view the b | d from <u>June 23</u> , 19 (169, and that in (my) (our) opi ady after death. | 69, to June 24, 196 nion death occurred on the date | 59_, thoK(s) (we) iast e and hour and fram the |
| l | | 226 SIGNATURE 22d PHYSICIAN'S | arour | DEGREE PHYS DI | ED. STAFF 170 | une 26,1969 |
| | | NAME(Type) Rica | rdo Scartscini, M. | | orge's Gen. Hosp. | |
| | | | <u> </u> | EMETERY OR CREMATORY George's General Ho | | (Sunty) Malore) |
| | 24 Ha | Weekl Director | Address Address | 250 PECD B | y registrar 25b, registrar s si | |





| | | 00000 | | ND STATE DEPARTMENT OF | | |
|--|---------------|---|---|--|--|--|
| | Ι. | 08836 DI | | , 301 W. PRESTON STREET, BALT | IIMORE, MARYLAND 21201 | A (040)(0)(0) |
| , | _ | tem6 FilmGul4 7/ | 1/69 kk | CERTIFICATE OF DEATH | | 08829 |
| de chi. | | FCEASED-NAME First Type or print) | Middle G. | Johnson | 2a. DATE OF DEATH Month Do | 123 Yeor 69 2 13 p.M |
| s after | 3 5 | remale | Caucasian | 5. DATE OF BIRTH 6 - 29 -89 | 6. AGE (in years last, bythday) | IF LADER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS M.N |
| 24 hour d in by pers 72 hour | 70 | | CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED WIDOWED DIVORCED | COUNTY OF DEATH | 79C M4 |
| consected within 24 h | 10 | THY OR TOWN OF DEATH | 11 NAME OF HOSPITAL OR II g ve street address) Hy | ATTSUITE NSQ, during in | AL OCCUPATION (Kind of work done nost of working life, even if retired) | 126 KIND OF BUSINESS OR INDUSTRY |
| mo ete | 13o adm | SUAL RESIDENCE (Where deceased in ssion) STATE Md. | ived, if institution Residence before 13b COUNTY Pr. Geo. | 10 | 13e. STREET AND NUMBER 52 Cresen | T Rd. |
| and co | 14 | FATHER'S NAME FIRST Charles | Middle Last | 15. MOTHER'S MAIDEN NAME | | Lost |
| tificote l hysician n please val, and | 160 | WAS DECEASED EVER IN U.S. ARMED I | FORCES? 16b. SOCIAL SECURITY | NO 17 INFORMANT | 2113 Cuilford Rd | Hypresuilk, M |
| ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 houstained by the hospital or ottending physician. CTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the buriof-transit permit. Then please remove carbon papers with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 houst | 7 | 18. CAUSE OF DEATH (Enter only on PART & DEATH WAS CAUSED BY IMMEDIATE COndit ans, if any, which gove rise to immed one couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITION | AUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF | THE CAMPLES OF RELATED TO THE TERMINAL DISEASE OR | CONDITION GIVEN IN PART 1(0) | APPROXIMATE INTERVAL BETWEEN OWSE AND DEATH ONLY WOLLD |
| t: The law r or ottending the has been use os the coll harior to | CERTIFICATION | 190. DATE OF OPERATION 196. COND 21a ACCIDENT WAS UNDERLYING | OITION FOR WHICH OPERATION WAS P | YES NO | 20b. IF YES, WERE FINDINGS CAUSES OF DEATH? | |
| G PHYSICIAN: The hospital or this certificate detached for us | MEDICAL | OR CONTR BUTING CAUSE OF DEATH (If either, natify medical examiner) 21d. IN.JRY OCCURRED 21e PLAC While hat while | HOUR A.M Month Doy Year P.M. | 19 (CTORY,) 21f LOCATION Street or R.F.D. No. | | County State |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transland be filed with the State Dept. of Health prior to burial, creating the prior to burial, creating the prior to burial, creating the state burial of the prior to burial, creating the prior to burial the prior to burial, creating the prior to burial, creating the prior to burial the prior the prin | | 22a 1 certify that (I) (this he saw the deceased alive causes stated envire. (I) 22b SIGNATURE | on I have | bady offer death. | Inian death occurred on the death occurred o | DATE SIGNED 4 |
| O HOSPIT Poge 4 mm > FUNERA director, p shauld be | 23a | BURIAL, CREMATION, REMOVAL (Specify) | 23c NAME OF | CEMPTERY OR CHIMATORY | ZW GORIXAV | ((county) (State) |
| VR AIS | 24_ | FINERAL O RECEOR | 1722 NC | april IT DALUN | 2 6 1969 Kum | SIGNATURE |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08837 08831 CERTIFICATE OF DEATH funeral of and 2 Ker.death. 1 DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b HOUR 24 hours after death Month 23 Dov 69 Year (Type or print) ~William Jones 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGF (In years IF UNDER YEAR IF UNDER 24 HRS signed by the attending physician ond complétely filled in by the buriol-tronsit permit. Then please remove carbon papers/Pages buriol, cremation, or removal, and in any event, within 72 Hourself. Negro 7-4-19 last bighoay) To BIRTHPLACE (State or foreign . The CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9 COUNTY OF DEATH WIDOWED | Prince George's Hope Arkansas U.S.A. DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 K ND OF BUSINESS OR Clinton, Maryland give street oddress) during in Home Pine view Gardens Nursing Home Home 130 USUAL RESIDENCE (Where deceosed invedyif institution, Residence before 13c CITY OR TOWN 13d Missible CITY during most of working [fe, even if retired] INDUSTRY Clinton, Maryland Laborer Private 130 STREET AND NUMBER 1707 H St. N.E. #3 13d. NSIDE CITY LIMITS? executed YES 🗶 NO T Washington 14 FATHER'S NAME First 15 MOTHER'S MAIDEN NAME First Middle last M dále Lost Price Jones Not stated 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **∆**ddress Yes, no, or unknown) Elizabeth Jones - Wife None APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per me for (a) (b), and (c))
PART 1 DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH metastatic carcinoma IMMEDIATE CAUSE (o) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove } (b) ca - prostate rise to immediate couse (o), DUE TO OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been detoched for use os the te Dept. of Health priar to arthritis 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 210 ACCIDENT WAS UNDERLYING TO HOSPITA! OR ATTENDING PHYSICIAN: 216 TIME OF NUURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County While Not while of work director, page 3 should be de should be filed with the State 22a 1 certify that (1) (the hospital) attended the deceased from 4-9-69, 19, to 6-23-699, that (1) (we) dost be retoined by causes stated above, (1) posp(200) (did hat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYS 22e ADDRESS 4601 Nichols Ave. S.W., Wash., D.C. 22d PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23b DATE 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial 6-26-69 Harmony Memorial Park | Prince George, Md 25 UN 2 % 511969 25H/BIGHERAR & MCNARUME 24 JUNE ONE Company Funera Portome 3015 12th Street, N. E., Washington, D. C.





| 1 | 1 | MARYLAND STATE DEPARTMENT OF HEALTH 18839 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|-----------------------|---|---|
| FOR STATE | l ' | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08833 |
| HEALTH DEPT. | | ESTASED NAME First Middle lost 2n DATE KNOWN Month | Day Year 12h HOUR |
| . o o o o o o o o o o o o o o o o o o o | (1 | ype of Print) Grace May Kennedy DEATH MATER 16-5-6 | 9 191:10am |
| deloy | 3 SE | A PACE C DATE OF DIDTH A AGE IN MARY IF UNDER 24 HRS 20 DATE PROMON NOED DEAD | 34 MOUD |
| | | emale White 6-25-1900 68 YRS MONTHS DAYS MOURS MIN MONTH 5 | 69 Year 191: 35am M |
| | 7o E | 3-RTHP.ACE (Store or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH | |
| form form | | Virginia U.S.A. mounts Prince George's | Md. |
| deoth with with | 10 (| give street oddress) during mast of working life, even if retired.) Ill | 126 KIND OF BUSINESS OR INDUSTRY |
| hours after deoth tem-18. Give Pages 1, Office along with form hand 2 with the State De after deoth | 120 | Cheverly Prince George Hospital Housewife US.A. RESIDENCE (Where deceosed lived, if institution. Residence before) 13c. CITY OR TOWN 13d. MS/OE (ITY JMM752) 13e. STREET AND NUMBER | |
| ee the second se | 150 | dry Sion) Staff Prince George's Landover Hills YES NO 3817 Thornwood | Dond |
| hours after the Confice of the Confi | | ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle | Lost |
| | | | |
| thin 24 and in miner's pages hours | | WAS DECEASED EVER IN U.S. ARMED FORCES? [16b SOC;A. SECURITY NO 17 INFORMANT ADDRESS | (Unknown) |
| within pencil kamine kamine 72 hou | (Y | (a) segretary (a) segretary | Long |
| shauld be executed within 24 hours after death e word "pending" in pencil in Item 8. Give Page of the Chief Medical Examiner's Office along with invirol-transit permit. File pages Pand 2 with the Statin only event within 72 hours after death | | 18 CAUSE OF DEATH (Enter only one cause per one for (o), (b), and (c)) PART I DEATH WAS CAUSED BY Vicinity Cost Tables | APPROX MATE INTERVAL BETWEEN ONSET AND CEATH |
| cute ng' dica mit with | | PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Heart failure | minutes |
| be execute "pending" ief Medica insit permit | | DUE TO, OR AS A CONSEQUENCE OF Hypertensive arteriosclerotic heart | |
| be in programme in | | Conditions, if any, which gave (b) disease | over 6 yrs |
| rold vord ne C ol-tr | | stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| shauld be executed wi se word "pending" in pe to the Chief Medical Exai burial-transit permit. File i'in ony event within 72 | | last. (c) | |
| ER: This certificate should be executed within 24 certificate, writing the word "pending" in pencil in ould be forwarded to the Chief Medical Examiner's es. should be used as a burial-transit permit. File pages ian, or removal, and in any event within 72 hours | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
| his certifico ote, writing the forworden be used as | NO. | 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION | 20 AUTOPSY? |
| forv for the form | IFICA | WAS PERFORMED? | YES NO TE |
| This ficote, be for do be or ren | MEDICAL CERTIFICATION | 21a EXTERNAL CAUSE WAS 21b TIME OF NIURY Month, Day, Year 2tc HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Itel | |
| NER: The certifice hould be les. should in the street. | MCAL | PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 | |
| ≅ ⊕ ₹ ∓ % 5 | MEE | 21d IN.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. C ty or Town | County State |
| XAM ute th ge 4 your Page crem | | WHILE NOT WHILE TOCTORY, office building, etc.) | |
| JICAL EXAMINER: lease execute the certil director. Page 4 should estained for your fles. DIRECTOR: Page 3 shoul ir to burial, cremotion, | | 220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry | ond in my opinion |
| please execution of director. Por retained for the DIRECTOR: line to buried, | | deoth resulted from: Natural Couses 🖾 🗸 Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined monner [| |
| ITY DIGGE erol directo be retained RAL DIREC | | ACTUAL CHIEF MEDICAL EXAMINER C | |
| RAI Prior | | SIGNATURE MD ASSISTANT MEDICAL EXAMINER | -6-69 |
| EPU ssar fund ay it india | | EXAMINER'S | 0-09 |
| necessary, pl the funeral of 5 may be re 70 FUNERAL II Health prior | 230 | John Kence MJ It Verdale Md | (County) (State) |
| 2 - 2 - | 100 | REMOVAL (Specify) / Crown Hill Cem. Clifton Banne | Va. |
| | 24 | FUNERAL DIRECTOR AT 7 7 2 250 RECD BY REGISTRAR 250 REGISTRAR 250 REGISTRAR 5 SI | |
| VR A15ME (5) | | Home Inc. Maryland DayUN 9 1969 Thank | as fredally |



| 1 | | MARYLAND STATE DEPARTMENT OF HEALTH | |
|--|-----------------------|--|---|
| • | | 08840 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | 0000 |
| FOR STATE | 1 | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08834 |
| HEALTH DEPT. | | ECEASED-NAME First Middle Lost 2a DATE KNOWN Month | Day Year 2b HOUR |
| 2 0 0 3. | , | (Ype or Print) Roger Allen Kennedy DEATH MATED (\$\frac{1}{2}\$ 6-10-10-10-10-10-10-10-10-10-10-10-10-10- | -69 1710 30pm |
| Pag # | 3 5 | A RACE S DATE OF BIRTH 6 AGE (In yours I FUNDER I YEAR INFUNDER 24 HRS 120 DATE PRONOUNCED DEAD | 2d HOUR |
| del dand M3. | 1. | ale White 9-24-1946 22 YRS MONTHS DAYS HOURS MAIN Month Doy | 69 19 11:45 pm |
| any delay is 2, and 3 to PM3. Page partment of | 70 | DETAIL AT FASTE OF STREET TO WHAT COUNTRY'S IN MARRIED THE PROTECT OF STREET | OA IN TILATODM |
| | caun | try) | |
| Pages With Stote | 10 (| TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a LSUAL OCCUPATION (Kind of work done | Md. 12b KIND OF BUSINESS OR |
| Beger Line Stote De S | | give street address) during most of working life, even firefred) | MDUSTRY |
| | 130 | Cheverly Prince George Hospital Laborer USUAL RESIDENCE (Where deceased lived, if institut on, Residence before 13c CITY OR TOWN 13d INSIGE CITY LIM.752 13e STREET AND NUMBER | ſ |
| s after 18. Griffe along with death, | 0 | the second of th | |
| d2 will dec | | | venue Apt 1 |
| 24 hours 24 hours 3 Office 15 land 2 | 14 + | To the training the training t | Lost |
| (4 F 2) 8 8 \ | | | Ingram |
| hans 24 hours | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS 18 July 19 Signe were or dotes of service) | |
| | L | no 213 46 8696 Rose Kennedy Same as #13 | |
| Pa Fi | | 18 CAUSE OF DEATH (Enter any one cause per line for (o) (b) and (c).) PART I. DEATH WAS CAUSED BY File and traceuting | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| cotto dico | | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Electrocution | |
| Me Me | | 7259 DUE TO, OR AS A CONSEQUENCE OF | |
| shauld be executed shauld be executed in word "peniling in the Chief Medical Eburial-transit permit Fin any event within | | Conditions, if only, which gave | |
| A Page of A | | rise to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| the the | | lost. | |
| the shared and in the individual | Ì | PART 2 OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| ficat ing rded as (| _ | | |
| certificate writing the arwarded to used as a mayal, and | 100 | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION | 20. AUTOPSY? |
| far v far v em | 2 | WAS PERFORMED? | YES 🔀 NO 🗔 |
| ICAL EXAMINER: This certificate shauld be executed within 24 hours after as execute the certificate, writing the word "peneling in penel intropen 18. Give far. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along ed far your files. CTOR: Page 3 shauld be used as a burial-transit permit file pages I and 2 with the burial, cremation, ar remayal, and in any event within 72 haurs after death. | MEDICAL CERTIFICATION | 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite | |
| and the second of the second o | ਤ | PRIMARY TO DE CONTRIBUTING HOUR A.M. | , |
| INER: shaul shaul files. | MED. | 21d INTURY OCCURRED 21e PLACE OF INTURY CAL-groupe form street | County State |
| | - | rante not have [gatary, affice building, etc.] | 200.1 |
| DEPUTY DICAL EXAMINER: ressary, please execute the cert e funeral director. Page 4 shauld may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation, | | | |
| P P P P P P P P P P P P P P P P P P P | | 22a. I certify that I taak charge of the remains described above, held an Autapsy 🔼 Inspection 🖾, Inquiry 🗌 | and in my opinian |
| Se e se e croan de la croan de | | death resulted fram: Naty of causes 🔲 , Acc dent 🗷 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner | |
| please director retgined L DIREC | | ACTUAL CHIEF MEDICAL EXAMINER CONTRACTOR DATE | |
| y, please rad direct be retaine to prior to | | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220, DATE: | |
| San San A | | EXAMINERS | <u>-11-69</u> |
| necessory, please exthe funeral director. 5 may be retained for FOUNERAL DIRECTO Health prior to burn | L | NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) | |
| 5 = = ~ 5 = | 23a | BURIA., CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) | (County) (Store) |
| | B | urial / 6/15/69 Bells Valley Bells Valley Re | ockbridge Va |
| | 24. | FUMERAL DIRECTOR ADDRESS 2SO RECED BY REGISTRAR 2SO RECEDENCE STRAIN AREAS S | |
| VR A15ME (5) 10M REV 1/68 | 7 | Francis Gasch's Sons Hyattsville, Md. | an market |
| | 1 | - William Control of the Control of | |



| | | 08841 DIVISIO | | RDS, 301 W. PREST | | | ND 21201 | 00000 |
|--|-----------------------|--|--|------------------------------------|-----------------------------|---|--|--|
| FOR STATE | | | ** | EXAMINER'S | | | | 08835 |
| HEALTH DEPT. | | ECEASED-NAME Fire | î | Middle | Lost | | OF ESTI- DEATH MATED | th Doy Year 2b HOUR |
| Po de is | | Cal | | euford | Kincaid | | | |
| elay day | 3 \$ | EX 4. RACE | S. DATE OF BIRTH | 6 AGE (In year lost birthday | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. | 2c. DATE PRONOUNCED DEAD Month Doy | |
| Any delay is 2, and 3 to PM3. Page | | Male White | 11-16-189 | 8 70 | /RS | | 6 10 | 69 196:10 pm M |
| | 7o cour | test) | 76 CITIZEN OF WHAT C | | MARRIED NEVER MA | | TY OF DEATH | |
| | 100 | Tenn. | U.S.A. | V V | /IDOWED 50 DIVO | RCED Pr | ince George | S Md |
| | 10 € | IT OK TOWN UP DEATH | give stree | oddress) | ON (11 not in nospital | 420 0200 0CC | working life, even if retired | 12b KIND OF BUSINESS OR 1) INDUSTRY |
| hin 24 hours ofter de ncil in Item 18. Give F niner's Office olong v poges 1 ond 2 with the hours after death. | 120 | Tenn. ITY OR TOWN OF DEATH Cheverly USUAL RESIDENCE (Where deceded in the control of the control | Prir | ce George I | lospital | Ret. Pa | ssangerAge | nt Railroad |
| offe 8. G olon with eath | 130 | dmikejou) STATE (Muese decer | 3b COUNTY | orge's Hya | iversity P | K. YES FO NO O | 1201 Trans | on Charact |
| hin 24 hours often ncil in Irem 18. Gi niner's Office olong pages 1 ond 2 with hours after death. | 1.0 | ATHER S NAME First | Middle Ge | orke.s uva | 15. MOTHER S MAI | OEN NAME Fores | 4201 Tuckerm | lost |
| 사 등 등 등 | 1 | Willian | | Kincaid | 13. INDITIER 3 MINI | Mary | Elizabe | |
| 1 24 l in ges urs | 160 | WAS DECEASED EVER IN U.S. ARMED | | SOCIAL SECURITY NO. | 17. INFORMANT | Iviai y | | |
| be executed within 24 hours ofter deoth "pending" in pencil in Item 18. Give Pagnief Medical Examiner's Office along with ansit permit. File pages land 2 with the statevent within 72 hours after death. | () | | 1 1 1 | 18 16 8961 | | Kincaid | 2722 Wheaton. | aiph Road |
| Exo File | - | | | | Tourn 2. | | w neaton, | APPROXIMATE INTERVAL |
| ithii. | | IB. CAUSE OF DEATH (Enter o PART I, DEATH WAS CAUS IMMED | ED BY. | 0015 | | | | BETWEEN ONSET AND DEATH |
| xer ndin Medin peri | | IMMED | TALE CAUSE (0)DEI | A CONSEQUENCE OF BI | onahanneum | ionis | | |
| per ef 1 | | Conditions, if ony, which gove | | tiple pulmo | | | | |
| 1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | rise to Immed ofe couse (o), stating the underlying cause | | | | | n of spinal | cord |
| wow working the trial | | lost |) (0 | _ | 244444010 | /1 0/10000±0 | ar or openion | U U |
| XAMINER: This certificate should be executed within 24 hours ofter deoth te the certificate, writing the word "pending" in pencil in Item 18. Give Pages your files. your files. age 3 should be used as a burial-transit permit. File pages I and 2 with the <u>state</u> cremation, or removal, and in any event within 72 hours after death. | | PART 2. OTHER SIGNIFICANT CON | DITIONS CONTRIBLTING | TO DEATH BUT NOT RELAT | ED TO THE TERM.NAL D | ISEASE OR CONDITION | GIVEN IN PART 1(a) | |
| Parity Salah | 2 | | | | | | | |
| wrii wrii rwo rwo sed | ATIO | 190 DATE OF OPERATION | 196 | CONDITION FOR WHICH WAS PERFORMED? | OPERATION | | | 20 AUTOPSY? |
| This cote, be fo | SI € | | | | | | | YES 😿 NO 🗌 |
| AL EXAMINER: This certifica execute the certificate, writing rr. Page 4 should be forwarded for your files. TOR: Page 3 should be used as unol, cremotion, or removal, a | MEDICAL CERTIF CATION | 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING | HOUR A M | RY Month, Doy, Year | 1 | | of injury in Port 1 or Port | 2, Item 18) |
| INER: e cert shouls files. 3 shou rotion, | EDIC | CATISE OF DEATH | I PIVI PM | 5-24- 19 69 | Fell dov | | | |
| MIN The the strain of the stra | 25 | 21d INJURY OCCURRED 21e | PLACE OF INJURY (At hi actory, office building, a | ome, form, street, | 21f LOCATION Street | | City or Town | County State |
| HCAL EXAMINER: e execute the cert for. Page 4 should ed for your files. ECTOR: Page 3 shou burrol, cremotion, | | AT WORK AT WORK | home | | same as | | | |
| OR: Port | - | 22o. I certify that I | | | | | ection 🔀, Inquiry | |
| Se e scrott | | deoth resulted from | Natural couses | , //Accident 🗵 | | | Undetermined mann | ier 🔛 |
| please I d rector retained | | ACTUAL | Mr. Ma | 101 | | EF MEDICAL EXAMINER | The state of the s | PATE SIGNED |
| YY. Perol Se 7 | | SIGNATURE | 77/ 12 | V// | | ISTANT MEDICAL EXAM UTY MEDICAL EXAMIN | | 5-11-69 |
| fun day | | EXAMINER'S NAME (Type) | Vohoo MD | Riverdale, | | ORESS(Street city, tow | | 7-11-07 |
| TO DEPUTY DICAL EXAM necessory, please execute the funeral d rector. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem | 230 | BURIAL CREMARION. 238 | Kehoe MD | 23c. NAME OF CEMET | | | LOCATION (City or Town) | (County) (State) |
| F | F | DEMOVAL (Specify) | 6/15/69 | Ft. Li | | | | P.G. Md |
| 10 | | FUNERAL DIRECTOR | 0/13/04 | ADDRESS | ICOIII | 2So REC D BY REG | SIRAR 750- REGISTRA | S GLATLE |
| VR A15ME (5) 10M REV 1/68 | E | rancis Gasch! | e Sone H. | attevilla | Md | 250 REC D BY REG | 969 | as here |
| MAN KEN IVOG MA | LE | Tallers Gasell. | s some my | arts ville | AT CT | <u> </u> | | |

MARYLAND STATE DEPARTMENT OF HEALTH



| -2-1 | 1 | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|---|---------------|---|---|
| FOR STATE | | 08842 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08836 |
| HEALTH DEPT. | | ECEASED NAME First Middle Last 20 DATE KNOWN For Month | |
| | { | Type of Prints | 0-69 198:20pm |
| Page ent | 3 5 | EX 4 RACE S DATE OF RIRTH S AGE (IN YEAR) IF UNDER 1 YEAR F UNDER 24 HRS 20 DATE PROMOUNTED DEAD | 2d #OUR |
| 2, and 3 to PM3. Page | | Male White 11-24-1923 45 YRS DAYS HOLKS MIN Month 10 Day | 69 Year 198: 20pm A |
| epo n | | BIRTHPLACE (State of foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH | |
| ges 1, form | _ | Maryland U. S. A. WIDOWED DIVORCED DIVORCED Prince George's | M |
| beurs after deoth flem 18. Give Pages 1, Office glong with form 1 and 2 with the State De after death | 10 (| ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital loc USUAL OCCUPATION (Kind of work done give street address) 12 USUAL OCCUPATION (Kind of work done during input of working life, even if retired) | 26 KIND OF BUSINESS OR |
| the distriction | 12 | niverdate iletam remortat dospitat i | Automobile |
| 2 with death | | drucern) STATE | 88-200 |
| beuts after deo Office glong with lond 2 with the S | - | Marylanid Prince George's Beltsville YES NO 4810 Quimby A ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle | venue |
| 24 bours after deoth in litem 18. Give Page ris Office glong with the State is after death. | | Filliam D. Kitchen Mary P. Arrowsmith | lost |
| thin 24 incl in inner(s poges hours | 160 | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS | |
| | () | (es, no, or unknown) No (t) yes one way or dates of service) No (es, no, or unknown) No (t) yes one way or dates of service) No (es, no, or unknown) No (es, no, or unknown) No (f) yes one way or dates of service) No Riverdale, | Md. |
| shauld be executed with shauld be executed with every in personal personal personal file. Buriol-tronsit permit. File in only event within 72 | | 18 CAUSE OF DEATH (Enter on young couse per line for (o) (b) and (c)) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| e executed to pending" in ef Med cal Exist permit. Fixent within | | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple system metastases | DETERMINENT BROWN |
| exe endr Me t pe t nt | | / /o on / Due to, or as a consequence of | |
| be hief | | (ohditions, if only, which gove) rse to immediate cause (a) (b) Cercinome of lung | unknown |
| shauld be executed to executed to word "pending" in the Chief Medical Execution-transit permit. Fin any event within | | stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| she v he v the to the to the | | los? (c) | |
| ICAL EXAMINER: This certificate shauld for. Page 4 should be forwarded to the CP of your files. CTOR: Page 3 should be used as a buriol-tre burial, crematian, or removal, and in any | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| A High Sold | S. | 190 DATE OF OPERATION \$196 CONDITION FOR WHICH OPERATION | T20 AUTOPSY? |
| forv forv | CERT FICATION | WAS PERFORMED? | YES 🔀 NO |
| ER: This ocertif cote, ould be fo es. hould be u ian, or ren | CER! | 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day Year 21c HOW INJURY OCCURRED (Enter poture of injury in Part 1 or Part 2, 1 | |
| INER: e certif should files. 3 shoul | MEDICAL | PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH P.M. 19 | |
| MIN she of the she of | Ä | 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street 21f LOCATION Street at R.F.D. Na City at Tawn | County State |
| DEPUTY SICAL EXAMINER: seessory, please execute the cert ine funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, crematian. | | WHILE NOT WHILE factory, affice building, etc.) | |
| L EXA cecute Poge for you OR: Page Inc. you | | 22a certify that I took charge of the remains described above, held an Autopsy 🔼, Inspection 🔼, Inquiry | , and in my apiniar |
| FCA Char. | | death resulted from. Natural/causes [] Accident/[], Suicide [], Hamicide [], Undetermined manner | |
| pleose I directo retained DIREC | | ACTUAL CHIEF MEDICAL EXAMINER | |
| ry, ple perol di be retu RAL Di prior | | SIGNATURE ASS STANT MEDICAL EXAMINER 225 DATE | E SIGNED 6-1.1-69 |
| SSOT SSOT FUNE FUNE FINE FINE | | EXAMINER'S NAME (Type) John Kehoe MD Riverdale ADDRESS(Street, city town, or county) | 0-11-03 |
| TO DEPUTY SICA necessory, please extended the funerol director. 5 may be refained for UNERAL DIRECTOR Health prior to bur | 230 | NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city town, or county) BURIAL (REMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCAT ON (City or Town) | (County) (State) |
| F 112 | 250 | Burial 6/h3/69 Ft. Lincoln Cometery Colman Manor | P. G. Md. |
| dwb _ | | FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 250 REGISTRAR 5 | SIGNATURE |
| VR A15ME (5, 17 10M REV 1768 | | Frachis Gasch's Sons Hyattsville, Md. DANJUN 1 7 1969 Killian | las Judge |



| . 1 1 | 00070 | | D STATE DEPARTMENT OF 301 W. PRESTON STREET, BALI | | |
|---|---|--|---|--|---|
| ' | 08843 | | CERTIFICATE OF DEATH | The state of the s | 08837 |
| r death. | OFCEASED NAME Form (Type or print) Ear | | lost Kline | 20. DATE OF DEATH Month Day | 2b. FQVR 4 69 6:10 |
|) 3 | Male | 4 RACE Caucasian | s. DATE OF BIRTH | 6 AGE (in years tast birthday) 56 YRS | IF UNDER I YEAR IF JNOER 24 HRS MONTHS DAYS HOURS MIN |
| te pepi. or reduit product tremandit, or remandit, or remandit, or remandit, or remandit to the product of the | o BIRTHPLACE (State or foreign | 75 CITIZEN OF WHAT COUNTRY? U.S.A. | B MARRIED NEVER MARRIED NOVORCED NOVORCED | 9 COUNTY OF DEATH Prince Georges | s County, Md |
| . [| o city or town of death Riverdale | 11 name of hospital or ingues street oddress) Eugene Lel | and Mem. Hosp. 12a USU | AL OCCUPATION (Kind of work done ost of working life, even if refired.) | 12b. KIND OF BUSINESS OR INDUSTRY |
| 11 0 | 30. USUAL RESIDENCE (Where dece dm ssion) STATE VARY LAND | pad lived if institution Res dence before partition Georges | Hyattsvill (S) N | m 152 13e STREET AND NUMBER 0□ 5301 De•ati | ur Street |
| , [ī | 4 FATHER'S NAME First | Middle Lost | IS. MOTHER'S MAIDEN NAME | | Last |
| - | James 60. WAS DECEASED EVER IN U.S. AI | K. Klin | | ZZY J. | Russell |
| | | wor or dates of service) 183 12 73 | | | e. Md. |
| | PART I DEATH WAS CAUS | only one cause per line for (a) (b) and (c) |) | | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH |
| | Conditions, if any, which gove tise to immediate cause (o) | DUE TO, OR AS A CONSEQUENCE OF (b) Bronchoge: | nic Carcimoma | 3 months | |
| | stating the underlying cause | DUE TO, OR AS A CONSEQUENCE OF | | | |
| | | ONDITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISEASE OR | ONDITION GIVEN IN PART 1(d) | |
| | 19a. DATE OF OPERATION 191 | ONDITION FOR WHICH OPERATION WAS PE | REFORMED 200. AUTOPSY? YES NO | 20b IF YES, WERE FINDINGS (CAUSES OF DEATH? | ONSIDERED IN CERTIFYING |
| -1 | OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. Month Doy Year | | r nature of injury in Part I or Port 2, i | Item 18) |
| ı | While Not while of work | e PLACE OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING ETC. | | | County State |
| | 22a. I certify that (I) (t sow the deceased | his haspital) attended the decease alive on 0-24 1 ve, (1) (we) (did) (did nat) view the | ed from 6-23 , 19 9-5, and that in (my) (our) ap | thion death occurred on the do LOUCAL STAMM | te and hour and from the |
| | 22b. SIGNATURE | 1. Hourson | ATTENDING COL | AED STACE | DATE SIGNED |
| / | 22d. PHYS CIAN S NAME (Type) C. J. | Houmann, MD | 22e ADDRESS | e, Maryland 20 | |
| L | REMOVAL (Specify) Burial J | une 27, 1969 Ft I | CEMETERY OR CREMATORY incoln Cemetery | 23d. LOCATION (City or Town) Colman Manor Pro | |
| | F. Gasch's | ADDRESS | 2Sa RECD 8 | Y REG STRAR 2Sb REG STRARS | SIGNATURE |



| | 5 | | DIVISION OF VITAL RECORDS, 301 W. PR | ESTON STREET, BALTIMORE, MARYLAND 21201 | |
|-----|--|---------------|---|--|-------------------------|
| | FOR STATE | | | 'S CERTIFICATE OF DEATH | 08838 |
| , | HEALTH DEPT. | 1 D | ASED-NAME Middle | Lost 20. DATE KNOWN Month | |
| | ny delay is 2, and 3 to PM3. Page | | TOOLER I FIEL | DEATH MATED WY | 121 18524 1 |
| ī | 2, and 3 to PM3. Page | 3 5 | A RACE S. DATE OF BIRTH 6 AGE 1 | theory MONTHS DAYS HOURS NIME AT THE PROPOSITION OF | Year 2d HOUR |
| | P. 0.7 | 70 | THPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. | MARRIED REVER MARRIED 9. COUNTY OF DEATH | 2 (196 43 pm |
| (| | coun | | WIDOWED DIVORCED Prince Se | OZIC - MI |
| | Meath form with form | 10. 9 | OP TOWN OF DEATH | MUTION (It not in hospital 120 LSUAL OCCUPATION (Kind of work done | 12M KIND OF BUSINESS OR |
| | we P with | | morews our Boye street oddress and | Heap wing mast at work a life, even if retired | The course |
| | s offer alga G s with death | 130 | S.A. RESIDENCE (Where deceosed lived, if institution Residence before 1: | 3c CTY OR TOWN 13d INSIDE CITY LIMITS? 13d STREET AND NUMBER | 3 0 0 0 |
| | hours of fem. 18. Office algorithm and 2 w.1 | | TIA ILAGOOD | yon kill YES 100 5523 al | cceoul |
| | Hems Hems Hours Office Office after d | 14, 1 | HER'S NAME * First Middle Lost | IS. MOTHER'S MAIDEN NAME First Middle | Lost |
| | thin 24 miner's pages I hours | 16p. | S DECEASED EVER IN U.S. ARMED FORCES? 116b SOCIAL SECURITY NO | 17 INFORMANI ADDRESS | 1 |
| | be executed within "pending" in mencil iief Medicol Examine iinst permit. File pagevent within 72 hou | | no, or unknown) (If yesterne war or dates of service) | Esebbre Konock 8523 | of one |
| | d with the lead of | | B. CAUSE OF DEATH (Enter only one cause per line (a), (b) and (c) | A CONTRACTOR OF THE CONTRACTOR | APPROX MATE INTERVAL |
| | xecuted Iding" T Medicol permit. | | PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) | in Thrombas m | A T |
| | exe endii Me it pe | | DUE TO, OR AS A CONSEQUENCE OF | 60. 1 220 | |
| | be i 'p | | orditions, if dry, which gove use to immediate cause (a), (b) | Sclesosis of Corm | ~7 |
| 0 | should be e ne word "per to the Chief I bur.al-transit | | toting the underlying couse DUE TO, OR AS A CONSEQUENCE OF | · · | 5 yours |
| 1 | INER: This certificate should be executed within 24 hours ofter Teath e certificate, writing the word "pending" in Tembla, Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as bur, al-transit permit. File pages 1 and 2 with the State Decision, or removal, and in any event within 72 hours after death | | (c) | CLATED TO THE TERMINA DISEASE OR CONDITION CIVEN IN DARY 1/-) | |
| 1 | irote ing th ded 1 os a 0, ond | _ | KA 2 ONEX SIGNIFICANT CONDITIONS CONTRIBUTIONS TO BEATE BUT NOT A | ELANCE TO THE TERMINAL DISEASE OR CORD HON GIVEN IN TAKE I (C) | |
| A. | his certifico ate, writing e forwarde be used os removol, o | CERTIFICATION | O. DATE OF OPERATION 19b. CONDITION FOR WHI | ICH OPERATION | 20. AUTOPSY? |
| | his conte, | RTIFIC | WAS PERFORMED? | | YES NO 🗗 |
| | NER: The certification of the | AI CE | o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, | , Item 1B.) |
| | NER thoul files. | MEDICAL | CAUSE OF DEATH P.M 19 d N.JRY OCCURRED 21e, PLACE OF INJURY (At home, form, street, | 21f LOCATION Street or R.F.D. No. City or Town | County State |
| | | | WHILE MOT WHILE factory, office building, etc.) | 211 LOGATION STREET OF RES. CITY OF TOWN | coomy signe |
| | cecute Page for you R: Pog | | 220 1 certify that I taok charge of the remoins described | above, held on Autopsy , Inspection , Inquiry (| and in my opinion |
| | r ext for. for. CTO | | death resulted from: Natural causes (P. Accident | | |
| - (| pleose directions retoine DIREC | | m d 1 m 7/ | CHIEF MEDICAL EXAMINER | Linemas* |
| • | JTY SICA Try, pleose e erol director be retoined RAL DIRECT Prior to bu | | ACTUAL Dayon O Walkern | THE D. ASSISTANT MEDICAL CARMINE | TE SIGNED |
| | Sson fune by b NER | | EXAMINER'S DIVINITION AND ALL ST | DO OT MEDICAL EXAMINER | = 22-10) |
| | necessory, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to buriel, crem | 220 | NAME (Type) 777 0 777 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | METERY OR CREMATORY 23d LOCATION (City or Town) | (County) (State) |
| | 5 5 - | 230 | June 24,69 Arling | | /a . |
| | | 24 | MERAL DIRECTOR ADDRESS | | |
| | VR A15ME (5) 10M REV 1/68 | Si | mons Bros. 1661-Gd. Hope Rd | . SE. DC. DATE N Z 5 1969 7 | 10 |

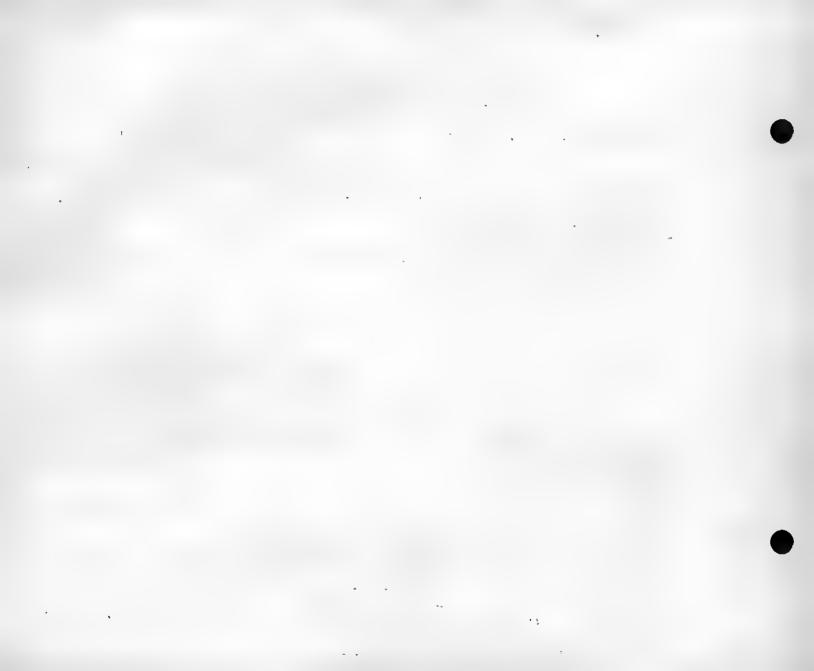
MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08845 08839 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 26. HOJRD 1 24 hours after death. (Type or print) Month Fav S. June Langhenry 3:32 3. SEX A RACE S. DATE OF BIRTH 6. AGE (In years IE LINDER 1 YEAR lost birthday) Female Caucasian 1903 May 4. To BIRTHP_ACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY? **9 COUNTY OF DEATH** 8 MARRIED NEVER MARRIED Wash., D.C. Prince Geo. U.S.A. WIDOWED [DIVORCED IX burial, crematian, ar remayal, and in any event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within Convalescenturng meticiworkinglife even if reticed) INDUSTRY Greenbelt Dept. Home INSEDE CITY LIMITS? 130 USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER requires that the death certificate be executed Maryland 2008 -Woodreeve YES A NO 🗔 remave Avondale 14 FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle and William Clemmer B. Martaret McCandlish lease 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address 2704-Allison Yes, ne er unknown) 0 Eunice Clemmer - St., Mt.Rainier, Md 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) burial-transit rise to immediate couse (a). DUE TO, OR AS_A CONSEQUENCE OF stating the underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to has been 19a DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES [NO [this certificate 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No 21d NUJRY OCCURRED State City or Town County While Not while at work OR ATTENDING TO FUNERAL DIRECTOR: After be retained **ATTENDING** PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b DATE (County) (Stote) HENDY !! (Specify) 27 Cedar Hill Cem. Suitland, Md. 24 FUNERAL DIRECTOR Nalley's Funeral ADDRESSIT. Rainier, 250 RECT BY REGISTRAR 256 REGISTRAR S SIGNATURE VR A15 (4) 45M | 69 DATUN Home Inc. Maryland



| 1 | | MAKYLAND STATE DEPARTMENT OF HEALTH O O O O O DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | ~ |
|--|---------------|---|---|
| FOR STATE | ľ | 08846 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08840 |
| HEALTH DEPT. | 1 D | IECEASED NAME First Middle Lost 20 DATE KNOWN Month | Day Year 2b, HOUR |
| of gets is | (| Type or Print) James Langley DEATH MATED \$\overline{\text{M}} 6-17 | -69 19 9; 15am |
| delay ind 3 i3. Pag | 3 5 | EX 4 RACE S DATE OF BIRTH 6 AGE, n years F JINDER 24 HRS. 2c DATE PRONOUNCED DEAD | 2d HOUR |
| Iny delay is 2, and 3 ta PM3. Page | | Figle White 12-5-1890 78 YRS MONTHS DAYS HOURS MAIN Month 17 Pay | 69°07 19 10:02am |
| £ 67 BM . | 70 | BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH | |
| To The Second Se | cayn | WASH, D, C, 2L. S. A. WIDOWED DIVORCED Prince George's | Md. |
| Give Pages and with far the State | 10 0 | TITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done give street oddress) | 126 KIND OF BUSINESS OR |
| after death 8. Give Pagi alang with with the Sta eath. | _ | Cheverly Prince George Hospital Burner ME-MANIE | INDUSTRY DIS,OFCOLUMBIA |
| s, after 18. Gir s alang 2 with death. | | USUAL RESIDENCE (Where deceosed I ved, f institution: Residence before 13c. (ITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER | |
| haurs of the 18 | | Maryland Prince George's Seabrook YES X NO 9316 Washington | n Blvd. |
| 24 havrs after death in tem 18. Give Pages 1, is Office along with farm es 1 and 2 with the State Desires after death. | 14. 2 | ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle | Lost Lost |
| hin 24 ringr's ringr's pages hours | 1/0 | OSEPH H. LANG-LEY ROSA WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT ADDRESS | TENKINS |
| | | (es, no grunt nown) (If yes give war or dates of sonice) 577-07-5207 ESTHER LANGLEY NEWCAK | ROLLTONMD. |
| d be executed wired "in per Chief Medical Exa transit perm.t. File y event with:n 72 | | 18 CAUSE OF DEATH (Enter only one cause per fine for (o), (b), and (c).) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| be executed "pending" in iief Medical E insit permit. F event within | | PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Heart failure | minutes |
| exe endi Me it pe ent | | DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease | years |
| d be e rd "per Chief / transit transit | | Conditions, If any, which gave trise to immediate couse (a). | |
| an an | | stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| T) 등 등 = 5 E | | (c) | |
| 9 2 66 5 | _ | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
| is certification is the second of the second | CERTIFICATION | 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION | 20. AUTOPSY? |
| his atte, e fo | E E | WAS PERFORMED? | YES: NO |
| tifical triple in the bild be und build bu | MEDICAL CE | 210 EXTERNAL CAUSE WAS 210 TIME OF IN. JRY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, it HOUR A.M. P.M. 19 | em 18) |
| INER In cer Ishou files 3 sha | MED | 21d NURY OCCURRED 21e. PLACE OF .N.URY (At home, form, street, 21f 10CATION Street or R.F.D. No. City or Town | County State |
| bicat EXAMINER: lease execute the certi director. Page 4 should etained for your files DIRECTOR: Page 3 shau ir ta burial, crematian, | | WHILE NOT WHITE foctory, office building, etc.) | |
| A For for for mol, mol, | | 22a certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry | , and in my apinian |
| Dun bun | | death resulted fram: Natural causes 🔯, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner | |
| please et l'airector retained L DIRECTO | | ACTUAL CHIEF MEDICAL EXAMINER C | |
| F = F - 1 · i | | SIGNATURE | SIGNED 6-18-69 |
| | | EXAMINER'S NAME (Type) John Koh on MD) Rivernda Je Md. ADDRESS(Street, city, town, or county) | 0-18-09 |
| TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pr | 230 | 7 John Kence Fib Ithverdage - Ada | Knumbel Knamb |
| E - 1/2 - | J | REMOVALSPECT LAND 20,1969 CONGRESSIONAL CEM. WASHING TO | (County) D, (Stote) |
| | 24 | FUNERAL DIRECTOR ADDRESS 250. REC BY REG STRAR 250. REGISTRAR S | IGNATURE COLOR |
| VR A15ME [5] TOM REV, 1/68 | 11 | V.W.CHAMBERS GO. KIVERDALE, MD. DANJUN 2 0 1969 | 16 |



| 11 | 1 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|---|------------|--|--|
| FOR STATE | | | 08841 |
| HEALTH DEPT. | | ECEASED NAME First Middle Lost 20 DATE KNOWN Month (ype or Print) | Doy Yeor 2b HOUR |
| ~ 5 € ¥ £ | { | ype or Print) Charles G Lavin DEATH MATED 12 6-11- | -69 112:16amm |
| STENE) | 3 5 | 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD | 2d HOUR |
| 2, and 3 t | | ale White Jan 31, 1912 57 YRS 6 11 | 69° 191: 09am M |
| I, 2, Im P | 7o cour | BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH | |
| les form | | widowith Prince George's | Md. |
| hours ofter deoth tem 18. Give Pages Office elong with for and 2 with the State | 10 (| cive street oddress) during most of working life even if retired) | 12b KIND OF BUSINESS OR INDUSTRY |
| er d Sive ng v ng v | 120 | Cheverly Prince George Hospital Pgram Officer | H E W Dept |
| 1 hours ofter 1 tem 18. Giv Offine elong 1 and 2 with 11 ofter death | 0 | mission) STATE 13% COUNTY Alexandria | A 1 01 |
| E E E E | | Virginia Artington YES XX NO 115 South St. | Asaph St. |
| | | John M Lavin Louise | Godefrin |
| hin 24 nol in niner's poges hours | | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS | dodellin |
| within pendaminanianianianianianianianianianianianian | {1 | es, no, or unknown) (Fyes give wor or dates of service) WW II Virginia Lavin, 115 S St Asaph, Ale | exandria, Va |
| ed in it. | | 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| adice sermi | | PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) Shock | |
| exend end if Me | | DUE TO, OR AS A CONSEQUENCE OF Bilateral hemothorax | |
| thiel | | Conditions, if any, which gove nse to immediate couse (o). (b) from Laceration of aorta | |
| yould outle worm worm the right-1 ann | | stoting the underlying cause DUE TO, DR AS A CONSEQUENCE OF Fracture of T-9 | |
| ICAL EXAMINER: This certificate should be executed with execute the certificate, writing the word "pending" in pertain. Page 4 should be forworded to the Chief Medicol Examed for your files. CTOR: Page 3 should be used as a burial-transit permit. File burial, cremation, ar removal, and in any event within 72 | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) | |
| certificate writing the revorded to used os o la novol, and | | | |
| certif orwor used movol | NO T | Severe coronary artery sclerosis 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON | 20 AUTOPSY? |
| for | FHICAT | WAS PERFORMED? | YES 🛣 NO |
| MINER: This the certificate, 4 should be for files. e 3 should be a 3 should be a mation, ar rer | EN CHAR | 216 EXTERNAL CAUSE WAS PRIMARY 1 OR CONTRIBUTING HOUR A.M. 216 TIME OF INJURY Month, Doy, Year 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite | ım 18.) |
| INER: should files. 3 shou nation, | MEDICAL | CAUSE OF DEATH 12:15 thm 6-11-19 69 Driver of car involved in collis | sion |
| MIN the 4 sh 1 sh 1 fil mat | ¥ | 21d N.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town | County State |
| L EXA ecute Poge or you or you id, cre | | AT WORK AT WORK A Rt. 4 near St. Rt. 223. Prince George County, Maryland | |
| ICAL EXAMINER: e execute the cert far. Page 4 shoul ed far your files. CTOR: Page 3 shou burial, cremation | | 220 certify that I took charge of the remains described above, held on Autopsy 🔼 Inspection 🗷 Inquiry 🗌 | ond in my opinion |
| olease es directar. Projuced DIRECT Or to built | | deoth resulted from: Moturol couses 🔲, Acident 🔀, Suicide 🔲, Homicide 🔲, Undetermined monner (| |
| Ty please so reformed the reformed to be reformed to prior to be prior to be prior to be prior to be so reformed to the source of the source to be so reformed to the source of | | ACTUAL CHIEF MEDICAL EXAMINER | PLONE |
| MAL PIN | | ACTUAL SIGNATURE AD ASS STANT MEDICAL EXAMINER 22b. DATE STANT MED | -11.69 |
| necessory, please execute the the funerol director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem | | EXAMINER'S NAME (Type) TOHNKTHOTO INFRADORS STANDING AV, town, or county) | - 1. |
| TO DEPU necesso the fun 5 moy 70 FUNE Health | 230 | BURIAL CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION (City of Town) | (County) (Stote) |
| - | | REMOVA_(Spector) Buryal 6/13/1969 Culpeper National Cem Culpeper | Va |
| VR ATSME (5) | 24 F | FUNERAL DERGIOR emaine Funeral Home, Alexandria, Virginia 250 REC D BY REGISTRAR 250 REG STRARS 5 | IGNATURE |





| 1 | 1, | 1 | 08849 | | 301 W. PRESTON STREET, BALTI | | |
|------------|--|---------------|---|--|--|--|---|
| 1 | | I | tem7 FilmG413 6 | | CERTIFICATE OF DEATH | MORE, MARTLAND 21201 | 08843 |
| | | | ECEASED-NAME First (ype or print) Junius | Middie S Dargin | Lost Logan | 20. DATE OF DEATH June 5 | 2b. HOUR 1969 6:45A |
| | | 3 5 | | 4 RACE | S DATE OF BIRTH | 6 AGE (n veors | IF UNDER LYEAR IF UNDER 24 HRS. |
| | by the ts. Pages hours afte | Ma | le | Colored | 02-14-88 | last birthdoy) 81 YRS | MONTHS DAYS HOURS AN |
| | by Phou | 7a | BIRTHPLACE (State or foreign | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIED XX NEVER MARRIED | 9 COUNTY OF DEATH | |
| | 24 hed in pers. | 3. | Carolina | USA | WIDOWED DIVORCED | Prince George 1s | Md |
| | d within 24 hours letely filled in by the carbon papers. Pagin, within 72 hours | Ch | everly | | e's Gen. Hosp. during mo | it OCCUPATION (Kind of work done ost of working life, even if retired) | 125 K ND OF BUSINESS OR INDUSTRY |
| | d completed mover con | 13a. adm | USJAL RESIDENCE (Where decease ission) STATE MD | d lived, if institution Residence before 135 COUNTY Prince George's | | | Avenue |
| | be exected to and to any in only | 14, | FATHER'S NAME First Unknow | M-ddle Lost | IS MOTHER'S MA DEN NAME FOUNKNOW | rst Middle | Lost |
| | inficote be hysician o n please i val, ond in | 160 | WAS DECEASED EVER IN U.S. ARME | r or dates of service) | | Logan 910-60t | h Ave. |
| | requires that the death certificate be executed within 24 hours after g physician. I signed by the attending physician and completely filled in by the formulation please remove carbon papers. Pages buriol-transit permit. Then please remove carbon papers. Pages o buriol, cremation, or removal, and in one vegat, within 72 hours after | | PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gove rise to immediate couse (o), | DUE TO, OR AS A CONSEQUENCE OF | mary emboli | in 22 My Least Fail | APPROXIMATE NERVA. BETWEEN ONSET AND DEATH |
| <i>n</i> 2 | equires that the proposition, signed by the buriol-transit buriol, cremat | | stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONE | 1 | cleratic heat of RELATED TO THE TERMINAL DISEASE ORC | ONDITION GIVEN IN PART I(0) | |
| 413 | O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health priar to | CERTIFICATION | 190 DATE OF OPERATION 196 C | ONDITION FOR WHICH OPERATION WAS PE | RFORMED 20g AUTOPSY? YES NO | 206 IF YES, WERE FINDINGS (CAUSES OF DEATH? | ONSIDERED IN CERTIFYING |
| | pital or rtificate d for u | DICAL CE | 21a ACCIDENT WAS UNDERLYING or contributing cause of death (If either, notify medical examine | HOUR A.M. Month Doy Year P.M. 19 | 9 | noters of injury in Port 1 or Port 2, | item 18) |
| | the host this certeractions detache | ₩ ₩ | of work Not while | | (TORY.) 21f «OCATION Street or RFD No. | | County State |
| | OR ATTENDING se retained by th INECTOR: After i e 3 shauld be de ed with the State | | 22a. I certify that (1) (this saw the deceased o.i causes stated\abave, | s haspital) attended the decease ve an June 5 l (I) (we) (did) (did nat) view the | ed fram | 59 , ta <u>June 5</u> , 19 nion death accurred on the de | 69 , that XIX (we) last the and hour and from the |
| | TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld Should be filed with the | | 22b. SIGNATURE | Bentaliez. | | ED. STAFF ARECTOR PHYS. | DATE SIGNED |
| | SPITAL 4 moy VERAL for, pog Id be fi | | 22d. PHYSICIANS NAME(Type) Luis | s Bnetolila, M.D. | | George's General | |
| | Poge Poge TO FUI direct | \bigvee | | | CEMETERY OF CREMATORY In Mem. | Suitland, Md | |
| | VR A ISOM O | 24. | FUNERAL DIRECTOR | 4339 Hunt P | N.E. D.C. DATE N | Y REGISTRAR 25b. REG STRAR 9 | SIGNATURE |



| | | | | | | | DEPARTME | | | | | |
|---|--|---------------|--|--------------------------------------|---------------------------------------|------------------|------------------|-----------------------|----------------------|------------------------|-----------------|---------------------------------|
| - 43 | 1 | 1 | 08850 | DIVISION | OF VITAL RECORDS | , 301 W. P | RESTON STRE | ET, BALTIMO | DRE, MARYL | AND 21201 | | |
| | • | | NOON | | | CERTIFIC | CATE OF D | PEATH | | | 0884 | 174 |
| ج | -24 | | ECEASED-NAME First | | Middle | | Lost | 2 | O. DATE OF DEA | | | 26 HOUR |
| deoth | leoth de | 1 | Type or print) John | | | Le | oher | | | Month 25 | 1969 | 5:51PM |
| | | 3 SI | | 4. RACE | | | S DATE OF BIRT | TH | 6. / | AGE (In years | IF UNDER 1 YEAR | F JNDER 24 HRS |
| 20 | | | Male | Wh | ite | | M | lay 28, | 1903 | st birthday) 66 YRS | MONTHS DAYS | HOURS MIN |
| | s. Pours | 7a 1 | BIRTHPLACE (State or foreign | 76 CITIZEN O | OF WHAT COUNTRY? | 8 MARRIED | NEVER MARRI | ED PC) 9. (| COUNTY OF DEA | TH | | |
| be executed within 24 hours offer | d in pers | COUL | Germany | Gern | nany | WIDOWED | | | rince G | eorge's | | Md |
| , <u>e</u> | completely filled i ove corbon paper y event, within 72 | 10 € | CITY OR TOWN OF DEATH | | 11 NAME OF HOSP FAL OR I | ISTITUTION (IF I | not in hospital | 120 USJAL O | CCUPATION (Kin | d of work done | 12b KIND OF 8 | BUSINESS OR |
| Arth | ₹ 10 × 7 | | Cheverly | | Prince Geo | | Gen. Hos | D • | Carpe | even if retired) | INDUSTRY Build | ling |
| - | omplete event, | 130 | USUAL RESIDENCE (Where deceos ssion) STATE | ed lived, if in | stitution Residence before | 13c CITY OF | R TOWN 13 | d INSIDE CITY LIMITS? | 13e STREET | AND NUMBER | | |
| | remove n ony ev | Guin | MD. | Princ | e George's | Hyat | sville | YES NO | 5321 | Crettend | len | |
| / % | PES SI | 14. | FATHER S NAME FIRST | Mid | dle Lost | 1 | S MOTHERS MAD | | | M.ddle | | F024 |
| | | L | | Loher | | | | Joh | anna | Deisbo | eck | |
| 0 | yskidan and cor pleose remov al, omd in ony e | | WAS DECEASED EVER IN L.S. ARM (es, no, or unknown) [(It yes give w | NED FORCES? or or dates of servi- | 16b. SOCIAL SECURITY | | INFORMANT | | | Address | | |
| 4 | physician produced by the attending physician and approved to notice and approved the notice and appro | | no | | 579 05 7 | 423 | Marie Lo | her | Hyat | tsville | | |
| 9 | ding p t. The | | 18. CAUSE OF DEATH (Enter on PART 1 DEATH WAS CAUSE) | y one couse p | per line $for(a)$, (b), and (a |).) | | 17 | | | BETWEEN ON | NATE INTERVAL NSET AND DEATH |
| - C | endinit. | ı | | TE CAUSE (o) | ione | yle | at 1 | Luca | 2,2 | | | |
| ٥ | affe permion, c | | 4/25 | DUE TO, | OR AS A CONSEQUENCE OF | 0 | ^ / | | 10 | | | |
| - | the matter | 1 | Conditions, if ony, which gove) rise to immediate couse (a), | (b) | leter | LOSC | lecti | cHe | end be | mes | | |
| 4 | d by the I-tronsit I, cremat | L | stating the underlying couse | DUE TO, | OR AS A CONSEQUENCE OF | | | | | | | |
| 797 | physicion signed by burial-tro burial, cre | L | lost. | (c) | | | | | | | | |
| The law requires that the death certificate | attending physicion attending physicion hos been signed from the buriel-from the prior to buriel, crecaminer nati | ı | PART 2 OTHER SIGNIFICANT COM | IDITIONS CON | TRIBUTING TO DEATH BUT I | NOT RELATED T | O THE TERMINAL D | D SEASE ORCONE | DITION GIVEN IN | PART 1(o) | | |
| 2 | tending s been os the prior to | NS. | 190. DATE OF OPERATION 119b | CONDITION SO | R WHICH OPERATION WAS P | COLODMON | 20e AUTOPS | · Vo | Jank IE AEC | WERE FINDINGS O | ONCIDEBED IN CE | DTVIVING |
| <u></u> | or attending p te hos been si use os the bu | CERTIFICATION | 170. DATE OF OPERAL ON 1170 | LOMOITION FO | K WHICH OPERATION WAS P | EKFUKMED | YES T | NO.[Z] | CAUSES OF | | ONSIDERED IN CE | KHETING |
| | | ERT | 210 ACCIDENT WAS UNDERLYIN | G (216 TH | ME OF INJURY | 21, 4 | | | ture of inition in | Port 1 or Port 2, | Itam 181 | |
| ΙδΝ | fico fico H Fe | | OR CONTRIBUTING CAUSE OF DEAT | H HOUR | A.M Month Doy Yeo | | OH HIDRI DEED | ARED (Eliter Ho | tote of ittlessy its | TORE TOE POIL 2, | nen 10 j | |
| VSIC. | spill renti red t. of | MEDICAL | (If either, notify medical exominate 21d. INJURY OCCURRED 21e | | P.M. URY AT HOME, EARM, STREET E | (TORY) 23f ii | OCATION Street | or P.F.D. No. | City or T | OME | (ounty | Stote |
| H | uge 4 moy be retoined by the hospital or FUNERAL DIRECTOR. After this certificate irector, page 3 shauld be detoched for us hould be filed with the State Dept. of Health and the state of | ı | While Mot while | TORCE OF 1935 | OFFICE BUILDING, ETC. | , | OCKINON SINGS | 01 14.3.10 110 | rii 1 01 (| Q ET 1 | COSINI | 3.0.0 |
| 9 | w the er the deep deep deep deep deep deep deep de | | 22a. I certify that (I) (No. | s-hospital) | attended the decon- | ed from | 1-1 | 1960 | , ta <i>le</i> - | 2-5 19 | 68 , that | (I) (wa) last |
| 9 | d b d b d b e St | | saw the deceased a | ive on | 6 . 2 | 19 01, an | d that in (my) | (our) apinia | n death accu | rred on the do | ite and haur o | and from the |
| | OR. Paris | | causes stated above | , (I) (we) (| did) (did not) view the | body ofter | death | | | | | |
| | be retoined DIRECTOR: A 1e 3 shauld led with the | ' | 22b SIGNATURE | f. | 1,0 | | ATTENDING | MED | L 21 | Att in I | DATE SIGNED_ | Sep |
| ō | be Ge Ge | | a real | 2 | uy) | DEG | 117101 | DIREC | TOR PH | IYS LI (O | 166 | |
| ΙTΔ | VERAL Tor, pool Id be fi | 1 | 22d. PHYSICIAN'S NAME (Type) | Deitz | . M D | | 22e ADDRE | e Georg | ole Di- | | | o MD |
| OSP | Net of the second | 02 | | | | CEMETERY OF | | | | | ttsvill | |
| TO HOSPITAL OR ATTENDING PHYSICIAN. | Page 4 moy be retoined O FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the | 230 | BURIAL, CREMATION, REMOVAL (Specify) | | | CEMETERY OR | | | d LOCATION (C | | (County) | (Stote) |
| 1 | 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | 24 | Burial Ji | ine 28 | , 1969 Mt C | | Cemetery | So REC'D BY RE | GISTRAR | 2Sb REG STRARS | SIGNATURE | |
| | VR A15 (4) 45M - 1/69 | 1 | F. Gasch | Sons | Hyattsvill | | | DATIN 3 | 0 1969 | | lay Judy | L. |
| | | | | | | | 1 . | TUN-3 | 0_12021 | 7 | 3 / / | |



| _/_ | 1 | | Ιt | em 13 Film 41 08851 | DIVISION OF | VITAL RECORDS, | D STATE 301 W. P | DEPARTMENT OF RESTON STREET, BAL | HEALTH TIMORE, MA | ARYLAND 212 | 201 | | |
|-----|--|----|---------------|--|---|---|---------------------|-------------------------------------|----------------------|--|------------------|-----------------------------------|-------------------------------|
| 1 | Annual Control | | | 08851 | | (| ERTIFIC | ATE OF DEATH | , | | | 088 | 345 |
| | £ 635 | | | CEASED NAME First ype or print) | | Middle | | Last | 20 DATE (| | b_ | | 2b HOUR |
| | à gar | 1 | | Maud | | В. | | Lowen | | June | 5 ^{00y} | 1969 | 7:35AM |
| | e fr | | 3 SE | | 4 RACE | | | S. DATE OF BIRTH | | 6 AGE (in year | ES A | IF JNDER 1 YEAR ACONTHS DAYS | J JNDER 24 HRS |
| | by the Pages | | | Female | Whit | | | 08-16-88 | | lost birthday) 80 | YRS | | IIIIII |
| | hours in by the rs. Pag hours | | tout | BIRTHPLACE (Stole or foreign itry) | 75 CITIZEN OF W | | | NEVER MARRIED | 9 COUNTY O | | | | |
| | 24 jed i | | ID C | Wisconsien ITY OR TOWN OF DEATH | U.S. | | WIDOWED | | | nce Geor | | | Md. |
| | within ban pa | | | Cheverly | give | AME OF HOSPITAL OR INS | rge's | Gen. Hosp de la | nool-Te | W (Kind of work in the last of | dane ired) | IZE KIND OF INDUSTRY School | BUSINESS OR O1 |
| | ind competaly fremove (arban) only event, with | 16 | 13a admi | USUAL RESIDENCE (Where deceases ssian) STATE MD | ed lived, if institut | an: Res dence before e George's | Lanna | | | STREET AND NUMB Magnolia | | Euren dens/N | ursit |
| | and or | į. | 14 F | ATHER'S NAME First | Middle | Last | 1: | MOTHER'S MAIDEN NAME | First | Midd | ldie | | Last |
| | b pe | | | Bernhart | | Lowan | | anzella | | V. I | Bard | well | |
| | ertificate by physicion or ten please oval, ond i | | 16a. Y | was deceased ever in u.s. arm es, no branknown) If yes give w | SED FORCES? or or dotes all service) | 166 SOCIAL SECURITY N | | NFORMANT CALL TO THE COLUMN | 1 | Addr | | | |
| | phy len ova | | | | | 398-44-16 | | Olive L. Ze | reny | (san | ney | | |
| 379 | PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, e hospital or ottending physician. The death his certificate has been signed by the attending physician and competely filled in by the function of a use as the burial-transit permit. Then please remove (arban papers. Pages I death Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours aftired. | | NOI | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CON | DUE TO, OR 7 (b) DUE TO, OR 7 (c) DITIONS CONTRIBED | S A CONSEQUENCE OF | Herborg RELATED TO | peru | lung | | me (re | yen | MATE INTERVAL MISET AND CRATH |
| ,, | ttend as b as b prio | 2 | CERTIFICATION | 19a DATE OF OPERATION 19b (| CONDITION FOR WH | CH OPERATION WAS PER | FORMED # | 20a AUTOPSY? | CALIC | IF YES, WERE FIND! ES OF DEATH? | PNGS COI | NSIDERED IN C | ERTIFYING |
| | N: The or o or | | CERTI | 21a ACCIDENT WAS UNDERLYIN | G 216 TIME OF | Dail 10V | late at | YES NO COURRED (Ent | _ I | 0-41-0 | | 15.1 | |
| | tal or ficate far us f Healt | | Ś | OR CONTR BUTING CAUSE OF GEATE | HOUR A.M | Month Day Year | 270 110 | AN INDOKT OCCORRED (FOR | רי זם פוטוטופ מויחן | Lity in Part I at Pi | raft Z, Ite | iu ir i | |
| | G PHYSICIAL the hospital r this certifice detached for te Dept of He | | | While Nat while at work | PLACE OF INJURY | OFFICE BUILDING, ETC. | 1 | OCATION Street or R F D N | a. (H | y at lown | | County | State |
| | Afte be Sta | | | 22a. I certify that (I) (thi saw the deceased al causes stated abave | s haspital) atto ive an 7 , (I) (we) (Ard) | ended the decease (did nat) view the b | d trappy | d that in (my) (bur) ap Death | inion death | g.curred on the | he date | , that e and hour | (I) (we) last and from the |
| | TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the | | | 22b. SIGNATURE | The | une, To | er Alberga | | MED. DIRECTOR | STAFF PHYS. | 27c DA | TE SIGNED | 69 |
| | TO HOSPITAL Page 4 may TO FUNERAL director, pag should be fit | 1 | 70- | NAME (Type) | - ET | ENNE | 714/75BV | 22e. ADDRESS | lage | Da | rf | 11/ | f! |
| | Sho Sho | | Z30 | BURIAL (REMATION, REMOVAL (Specify) Junial | , | 23c. NAME OF C | | | _/ | Oh (City or Town) |) // | (Caunty) | (State) |
| | | | | FUNERAL DIRECTOR | e10,1968 | Three-L ADDRESS | akesC | emetery 250 RECD | BY REGISTRAP | -Lakes | Vil: | GNATHE | consin |
| | VR A15 45M 17 | 4) | | F. Gasch's 47 | 39 Balti | more Av. H | vatts | Ville MALUN | BY REGISTRAP | 69 | and the | All your | 76 |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08852 08846 CERTIFICATE OF DEATH uneral ond 2 deoth. hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased i yed, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George Co. MARYLAND Marvland Prince George b. CITY OR TOWN (If outside carparate imits, write RURAL and give nearest town) c IFNGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURA, and give nearest town) 64 vrs. Laurel Laurel d NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 500 Fairlawn Ave. NO TE Fairlawn Ave NAME OF Middle First 4. DATE Lost Month Dov Year DECEASED [Type or print] WILLIAM Fiege LUBER IF UNDER 1 YEAR June event, DEATH 69 The low requires that the death certificate be executed 5 SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED remove birthdov) Manths White ond in ony Male WIDOWED DIVORCED March 19, 1905 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country).
Prince George Co.
ure Laurel, Maryland 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S.A. Ass. Gen Foreman U.S.Dept. Agriculture 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremation, or removal, Cecilia Fiege Vivian P. Luber ts. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SDCIAL SECURITY NO. 17. INFORMANT Address 220-10-5486 Mrs. Nellie C. Luber 500 Fairlawn Ave. No INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (n) DUE TO METASTASTIC ADENU CARCINOMA Conditions, if ony, which gove nse to immediate couse (a). DUE TO stating the underlying couse ARCINOMA os the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(0) FICATION detached for use te Dept. of Heoith NO D this certificate 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18) 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, form, (City or town) (County) 2Dc. TIME DF INJURY Month, Doy, Year factory, street, office bldg, etc.) Not White at work 21. I certify that (1) Othis hospital) attended the deceased fram and that death occurred at 10.30 M, from causes and an the date stated above saw the deceased alive on. 220 SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d ADDRESS 4712 Montgomery Place Pedro I. Matias, M.D. director, po should be f NAME (Type) Beltsville, Maryland 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) 6/12/69 Prince George Md 0 Burial Laurel. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Laurel Funeral Home Inc. of 550 Washington Blvd Howard M. Fleck Laurel, Md. 25M 1/67



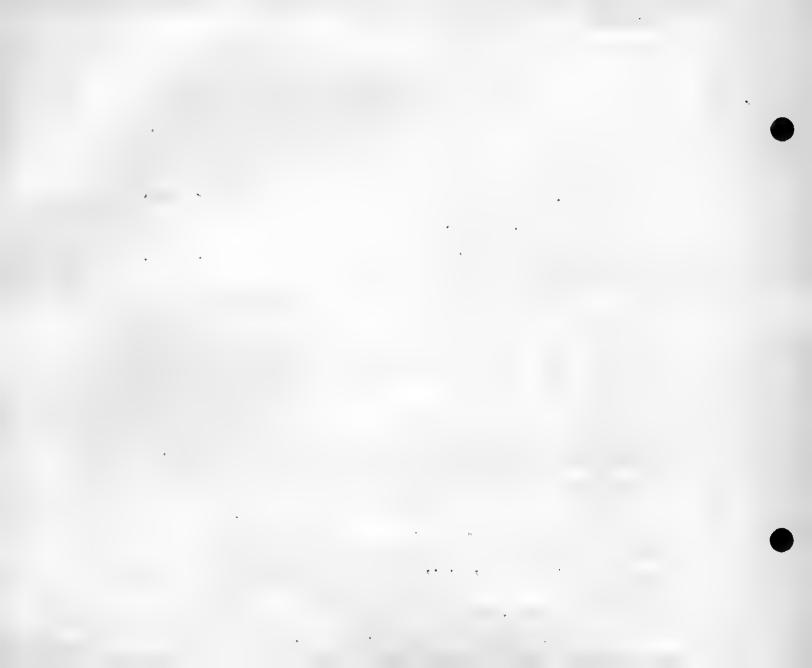
| | - /, | | BARDS PINISION O | F VIIAL RECORDS, 301 W | . PRESTUN STREET, BA | aliimuke, makti | AND 21201 | |
|-------------|--|-----------------------|--|--|--|---|---------------------------------------|---|
| | FOR STATE | | | MEDICAL EXAMIN | IER'S CERTIFICAT | E OF DEATH | | 08847 |
| 1 | HEALTH DEPT. | | ECEASED NAME First Type or Print) | Middle | Last | | 2a DATE KNOWN Manth | Day Year 2b HOUR |
| | ta ta de | L_' | Villia | m Paul | Lyl | _e | OF ESTI- DEATH MATED 5-6- | 69 131:00pm |
| | 1 P 3 J | 3 5 | EX 4 RACE 5 | DATE OF BIRTH | AGE (In years I F UNDER I YEAR TOST BIRTHDAY) MONTHS DAY | | 2c. DATE PRONOUNCED DEAD | 2d HOUR |
| | 2, and 3 ta PM3 Page postment of | | | 7-8-1909 | 59 YRS | | Manth 6 Day | 69 19 11 :25 pmm |
| 4 | E 77 | 7o. cour | | ITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER | _ | NTY OF DEATH | |
| | ve Pages 1, g with farm the State D | | Towa | U.S.A. | | | ince George's | Md |
| | Pag Pag III Sto | 10. | ITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL O | R INSTITUTION (If not in hosp | during most of | CUPATION (Kind of work done | 126 KIND OF BUSINESS OR |
| | hours after death year 18 Give Pages Office along with far land? with the State offer death. | 12 | Cheverly | g ve street address) Prince Geor | ge Hospital | Metal | working life even if refired) Lather | INDUSTRY CONSTRUCTS |
| | at Sept of the sep | | USUAL RES DENCE (Where deceased Imiss an) ISTAIL Vland | 25 COUNTY | | 34 INSIDE CITY LIMITS? | 13e STREET AND NUMBER | 77.03 |
| | hours after yem 18. Gi Office along 1 and 2 with offer death. | | ATHER S NAME FIRST | | Hillside | | 5544 Karlboro | |
| | 2 8 5 E E | 14. 3 | William | D. Lyke | Ste | | M ddle R owland | Lost |
| | incel in miner's pages haurs | 160 | WAS DECEASED EVER IN U.S. ARMED FORCE | | | <u> </u> | | 44 Marlboro |
| | thin min min pag | 100 | es, no, or unknown) (If yes give war or | similar of coores | 1947 Mrs. V | A and N T | | st. Hgts., Md. |
| | should be executed within 24 hours after death he ward "pending" in pencil in tem 18. Give Page to the Chief Medical Examiner's Office along with burial-transit permit. File pages 1 and 2 with the State in any event within 72 hours after death. | - | | | | IVIET N.I | Ale - H. Jar | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH |
| | utec gg ', ical mit. | | 18 CAUSE OF DEATH (Enter on y on PART 1 DEATH WAS CAUSED BY | Alice (a) Heart fa: | (9) iTima | | | BETWEEN ONSET AND GEATH |
| | wed Med Med | | IMMEDIATE C | DUE TO, OR AS A CONSEQUENCE | | lerotic he | art disease | over 6 mo. |
| | e e lef I | | Conditions, if any, which gave | | 0, 0011000 | 2010010 110 | 410 0100000 | 0,01 0 1110 |
| | Ch Ch | 1 | rise to immediate couse (a), (stating the underlying couse (| (b) DUE TO, OR AS A CONSEQUENCE | OF | | | |
| m | we we the | | last | (c) | | | | |
| 0 | | | PART 2 OTHER SIGNIFICANT CONDITION | | NOT RELATED TO THE TERMINA | AL DISEASE OR CONDITIO | N GIVEN IN PART I(a) | |
| 1 | writing the arwarded the used as a mayal, and | 25 | | | | | `` | |
| 1 | wrii wrii rwa rwa rsed | CATE | 19a. DATE OF OPERATION | 19b. CONDITION FO WAS PERFORM | R WHICH OPERATION | | | 20 AUTOPSY? |
| 11 | This cate, be fa | Ĭ. | | | | | | YES NO. |
| | NER: This certificate certificate writing thauld be farwarded tiles should be used as a should be used as a titan, at remayal, and titan, at remayal, and | MEDICAL CERTIFICATION | 21g EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING | 21b. TIME OF INJURY Month, Doy, HOUR AM | Year 21c HOW INJURY | OCCURRED (Enter natur | e of injury in Part 1 ar Part 2, l | tem 18) |
| | cer cer cer haul haul les sha sha tian | 200 | CAUSE OF DEATH | P,M | 19 | | | |
| | | Œ | 21d INJURY OCCURRED 21e PLACI | E OF INJURY (At hame, form, street, affice building, etc.) | et, 21f LOCATION Str | eetarRFD Na | City ar Tawn | County State |
| | bical Examiner se execute the cer ctar. Page 4 shaul ned for your files ned for your files ECTOR: Page 3 sha bur al, cremation | | AT WORK AT WORK | | | | | |
| | ICAL E) Executor. Paged for Paged fo | | | charge of the remains descri | | | pection [C], Inquiry [| |
| | ITY SICA ry, please ex eral director. be retained be retained RAL DIRECTO prior to bur | | deoth resulted from: | lotural couses XI, Accid | - | | Undetermined monner | |
| | TY Sy, please bral direct be retaine RAL DIRECT prior to b | | ACTUAL / | N. 1 - 1 | | CHIEF MEDICAL EXAMINE | | rioura |
| | SSORY, F funeral oy be r INERAL ITH price | | SIGNATURE SIGNATURE | My | | ASSISTANT MEDICAL EXA DEPUTY MEDICAL EXAMI | | -69 |
| | o DEPUTY necessary, the funera 5 may be 0 FUNERA Health pr | | EXAMINER'S NAME (Type) John Kaho | e M.D. Riverda | | ADDRESS(Street, city, tax | | 1-07 |
| | no DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem | 230 | 1001111 man | | OF CEMETERY OF XENOUSE | | LOCATION (City or Town) | (County) (State) |
| | | 1 | Burial June | | ar Hill Cen | | | yland |
| | 1.0 | 24 | FUNERAL DIRECTOR | AD | DPFCC | 250 DEC D RY DEC | STRAR 2Sb REGISTRAR S | SIGNATURE |
| | VR A15ME (5) | | W. W. CHAMBERS | CO., 517 11 | thost., s.E. | · DAUN 12 | 1009 / 1004 | es Judge. |
| | | | | | | | | |

MAKTLAND STATE DEPAKTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 10340 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME Middle lost 20 DATE KNOWN Month Year 2b. HOUR (Type or Print) OF ESTI-John Mack Lawrence 28 10 69 June SrIF UNDER 1 YEAR IF JNDFR 24 HRS. 6. AGE (in years 2c DATE PRONOUNCED DEAD 3 SEX 4. RACE S. DATE OF BIRTH last birthday) Yeor 69 Ja n 1918 lond 2 with the Stote Depo 7o 81RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED 9 COUNTY OF DEATH USA Prince George Minnesota WIDOWED [DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired } give street oddress) Public school Bowie Home 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY JMUIST 13e STREET AND NUMBER 13b COUNTY Prince George odmission) STATE 12525 Windover Turn YES NO Bowie M ddle 14 FATHER'S NAME First 15 MOTHER'S MAIDEN NAME Joseph V Mack heresa Bunderle This certificate shauld be executed within 24/ 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS in pencil (Yes, no, or unknown) (If yes give yor or dates of service) 474 01 2508 Maxine Mack Bowie, Md. within APPROXIMATE INTERVÁ 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t)) BETWEEN DASET AND GEATH PART 1. DEATH WAS CAUSED BY pending" Gunshot wound of head min IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse _ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔲 NO T please execute the certificate, 210 EXTERNAL CAUSE WAS 215. TIME OF THURY Month, Doy, Year 2)c HOW INDURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) PRIMARY DO OR CONTRIBUTING Shot self at home with .22 cal rifle 28 1969 CAUSE OF DEATH 21f. LOCATION Street or R F D No 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, City or Town County Store foctory, office building, etc.)
Bedroom of AT WORK AT WORK Same as # 13 home 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection , Inquiry x, and in my opinion Suicide X, Hamicide Undetermined manner death resulted fram-National causes Accident CHIEF MEDICAL EXAMINER **ACTUAL** 225 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D., Riverdale John Kehoe, DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) 230 BURIAL CREMATIC ((County) July 9, 1969 Arlington National Arlington Virginia ADDRESS 250 REC D BY REG STRAR 24 FUNERAL DIRECTOR 25b. REGISTRAR 5 SIGNATURE F. Gasch's Sons Hyattsville, Md. YR A15ME (5) 10M REV 1/68

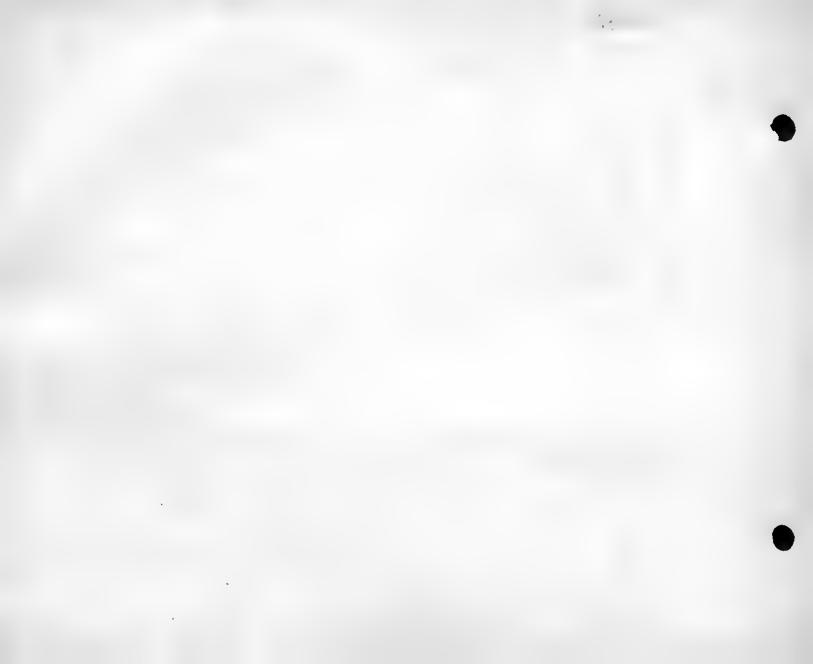
MARYLAND STATE DEPARTMENT OF HEALTH



| · I | i | 00055 | DIVISION OF VI | MAKYLAND | STATE DEPARTMEN IT W. PRESTON STREE | | VI AND 91901 | | |
|---|---------------|---|-------------------------|---|--|---|-------------------------------------|------------------------------|----------------------------|
| 1. | | Watten | | | RTIFICATE OF D | | | 8848 | |
| death. Ieral and 2 death. | d f | ECEASED-NAME Firs | 1, 1 | Middle Nac | No. 1 lost | 20. DATE OF | DEATH | 69 Yeor | 26 HOMP |
| ours after death. Ty he funeral Peges 1 and 2 | 3 5 | | 4. RACE | J | S. DATE OF BIRTH | 28-85 | 6 AGE (In years | IF UNGER LYEAR IF | UNDER 24 HRS. OURS M N. |
| 24 hours after death death bearings by the funeral poers. Pages 1 and 2 | 70 сові | BIRTHPLACE (State or fore gn ntry) | 76. CITIZEN OF WHAT | | MARRIED NEVER MARRIE WIDOWED DIVORCEI | 9. COUNTY OF | | | `< ". |
| within 2 both page 1 | 10 (| CITY OR TOWN OF DEATH | II NAME | OF HOSPITAL OR INSTIT | WION (If not in hospital | 120 USUAL OCCUPATION during most of working | (Kind of work done | 12b. KNUD OF BUS INDUSTRY | INESS OR |
| see corb | | USLAL RESIDENCE (Where decension) STATE Md. | 13h COUNTY | | CITY OR TOWN 136 | INSIDE CITY L MITS? 138 ST | REET AND NUMBER | lield o | Д. |
| he exect and ca e removin any e | 14 | FATHER'S NAME FIRST | Middle Ma | Lost | 18 MOTHERS MA DE | N NAME First | Stephens | | Lost |
| ertificate be physician c nen please aval, and in | | WAS DECEASED EVER IN U.S. AI | MED FORCES? [16] | SOCIAL SECURITY NO. | 17 INFORMANT | Maskell | Address | | |
| equires that the death certificate be executed physician. Signed by the attending physician and camplas burial-transit permit. Then please remove cat burial, crematian, ar remayal, and in any every | | 18. CAUSE OF DEATH (Enter of | ED BY TATE CAUSE (o) | or (o), (b) ond (c)) CINCU CONSEQUENCE OF | Catory | Collaps | 2 | APPROXIMATE BETWEEN ONSET | INTERVA. ANO DEATH |
| ss that the cian. d by the c l-transit pr | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost, | (b) | CONSEQUENCE OF | of ensu | officier | id dose | 0 | |
| The law requires the attending physician, has been signed by se as the burial-traith prior to burial, cre | 2 | PART 2. OTHER SIGNIFICANT (| ONDITIONS CONTRIBUTING | TO DEATH BLT NOT | RELATED TO THE TERMINAL DI | SEASE OR CONDITION GIVE | I IN PART 1(0) LBelas n | relile | |
| The law attending has be se as It prior | CERTIFICATION | 190 DATE OF OPERATION 198 | condition for which | operation was perform | | | YES, WERE FINDINGS CON OF DEATH? | ISIDERED IN CERTI | FYING |
| iNG PHYSICIAN: by the haspital ar fter this certificate be detached far u state Dept. af Heali | MEDICAL CEI | 210. ACC DENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam | ATH HOUR A.M. N | JURY Nonth Day Year 19 | 2Tr HOW INJURY OCCURI | RED (Enter noture of injul | y in Port I or Port 2, Ite | m 18) | |
| PHYS the has this ce detache e Dept. | W | ot work at work | PLACE OF INJURY (AT | | | R.F.D. No. City | or Town | County | Stote |
| | | 22a. I certify that (I) (t saw the deceased causes stated above | alive ona | 2127 19 | L and that in/my) | , 19, ta (our) opinion death c | ccurred on the dote | 27, that (I) and hour one |) (we) los d from the |
| L OR ATTENI be retained DIRECTOR: A ge 3 shauld led with the | | 22b. SIGNATURE | Rotor | pen, n | Degree Attending | MED- DIRECTOR | STAFF PHYS. 22c DA | TE SIGNED | 9 |
| O HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 should be fled w | | 22d PHYS CIAN'S NAME (Type) AL | -RED" | CLAP. | IN, MD 226 ADDRESS | CLINTO | | | l |
| TO HO Page TO FUI direc | 230 | Cremation | DATE 6/30/69 | Cedar | | Suitl | N (City or Town) and, Maryla | ind | (Stote) |
| VR A15 (4) 45M - 1 69 | 24 E | Formal Director Wilh 308 Suitland | alm Funeral | Home ADDRESS Suit Land, | | LE 7 1969 | 25b REGISTRARS S | GNATURE | |



| _ | 1 | | | | E DEPARIMENT OF | | |
|--|--------------------|---|--|--------------------------|-----------------------------|--------------------------------|---|
| | ı | 08856 | DIVISION OF VITAL | | | LTIMORE, MARYLAND 21 | 201 |
| , | | | | CERTIF | ICATE OF DEATH | | 08849 |
| death death | | ECEASED-NAME (ype or print) | erge Cel | Widdle | MAISEL | 20 DATE OF DEATH Month | Doy 69 Year 2b. HOUR 5 32 M |
| naurs after death | 3 S | Male | CAUCASIA | n · | S DATE OF BIRTH | 6 AGE (in ye lost, birthdo | ORS IF UNDER I YEAR IF JINDER 24 HRS MONTHS DAYS HOURS ANN |
| naurs in by ers pr | 70- | BIRTHPLACE (Store or foreign | 76 CITIZEN OF WHAT COUNT | | D REVER MARRIED | 9 COUNTY OF DEATH | CORGES Ma. |
| within tely filled radin pape | 10 | ITY OR TOWN OF DEATH | give street oddri | SPITAL OR INSTITUTION (I | | SJAL OCCUPATION (Kind of world | |
| campletel | 13o o dm | USUAL RESIDENCE (Where deced | ised lived, if institution. Residently, if institution is the design of the country of the count | ence before 13c CITY | OR TOWN 13d INSIDE CIT | V LIM 157 13e STREET AND NUM | マンロに、1000 |
| and car | 14 | ATHER'S NAME FIRST | Middle M | lost | IS. MOTHER'S MAIDEM AME | 7117714 | die Lost |
| AN: The law requires that the death certificate be executed within naurs of or attending physician. It can be be signed by the attending physician and campletely filled in by the ruse as the burial-transit permit. Then please remaye carbon papers had Health prior to burial, cremation, ar remayal, and in any event, within 72 hours | | WAS DECEASED EVER IN U.S. AR | MED FORCES? IBW SOCI | AL SECURITY NO | INFORMANT MA | in U in Day Lad | dress frank D ma |
| th certi | - | 1B. CAUSE OF DEATH (Enter o | n y one couse per line for (a). | | 1 O | man napringe | APPROX MATE NEEKVAL BETWEEN OWSET AND DEATH |
| equires that the death ce physician, signed by the attending burial-transit permit. The burial, cremation, ar rem | | .MMED | DUE TO, OR AS A CONS | EQUENCE OF | m Di | my | |
| that t ian. by the fransit crema | | Conditions, if only, which gave rise to immediate cause (a), stating the underlying couse | | EQUENCE OF | ysen- | | |
| physician physician signed by burial-trai | | PART 2 OTHER SIGNIFICANT CO | (c) NOITIONS CONTRIBUTING TO D | FATH BUT NOT RELATED | TO THE TERMINAL DISEASE O | R CONDITION GIVEN IN PART 1(a) | |
| The low re attending has been se as the th prior to | CERT.FICATION | 190. DATE OF OPERATION 196 | CONDITION FOR WHICH OPERA | TION WAS PERFORMED | 20o. AUTOPSY? | | DINGS CONSIDERED IN CERTIFYING |
| N. The or aft ruse had atterned by a salith p | CERT.FI | 21a ACCIDENT WAS UNDERLYI | NG 215 TIME OF INJURY | 71. | YES NO [| CAUSES OF DEATH? | Post 2 Jan APA |
| HYSICIAN haspital certifica iched far ppt. af He | MEDICA | OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. Month | Day Year | | | |
| uinG PHY by the ha ffer this c be detach State Depl | | While Not while at work of work | | | LOCATION Street or R.F.D. I | 1/2 | County State |
| OR ATTENDING PHYSICIAN: The law be retained by the haspital or attendining IRECTOR: After this certificate has been a should be detached far use as the ad with the State Dept. af Health priart | | 220. I certify that (1) (the saw the acceased a causes stated above | nis hospital) attended the alive on e, (1) (we) (did) (1.d hot) | 27 19 6 70 | nd that in (my) (aur) a | pinion death occurred on | _, 19 67, that(I) (we) lost the date and hour and from the |
| OR ATI De retai BECTO IRECTO | | 22b SIGNATURE | d | | GREE PHYS | MED STAFF DIRECTOR PHYS | 22c DATE SIGNED. |
| D HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the hospit D FUNERAL DIRECTOR: After this certifi director, page 3 shauld be detached is | | 22d. PHYSICIAN'S NAME (Type) R. All | an Cohen | | 22e. ADDRESS | GEBRAID H | 102 - S.5 md |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the Shauld be filed with the State Dept. of Health prior to | 230 | BUR AL CREMATION. 23b REMOVAL (Specify) | DATE 69 236 | MAME OF CEMETERY D | R CREMATORY | 23d LOCAT ON (City or Tow | (Stote) |
| VR AIR A | 24. | Donaldson | Funeral Home | Carrel | md 250. RECO | BY REGISTRAR 25% REG | STRAR'S S. GNATURE |



| | _ | 1 | | | ND STATE DEPARTMENT OF H | | |
|---|---|---------------|--|--|--|--|---|
| | | | 08857 | DIVISION OF VITAL RECORDS | , 301 W. PRESTON STREET, BALTIN | | |
| | | _ | ECEASED NAME First | | CERTIFICATE OF DEATH | | 08850 |
| | at de a | | Type or print! | Middle M | Last MCCARTHY | 2a. DATE OF DEATH Manth Day | Year 2b. HOUR |
| | | 3. S | JOHN | 4. RACE | S. DATE OF BIRTH | June 29 | 1969 3:45P M |
| | hours after death hours after death hour after death | | | White | 01-31-97 | 6. AGE (In years last birthday) 72 YRS. | MONTHS DAYS HOURS MIN |
| • | 7 65 57 | 7a cau | BIRTHPLACE (Syste or foreign ntry) | 76 CITIZEN OF WHAT COUNTRY? | WIDOWED DIVORCED | COUNTY OF DEATH Prin ce George | ¹s Md |
| | pletely filled carbon pap ent, within 7 | | Cheverly | give street address) Prince Geor | ge's Gen. Hosp during mos | OCCUPATION (Kind of work done stateworking life, even if retired) | 12b. KIND OF BUSINESS OR |
| | complete ave carb | 13a. adm | USUAL RESIDENCE (Where deceas ission) STATE MD | ed lived, if institution: Residence before 13b. COUNTY Prince George 's | 13c. CITY OR TOWN 13d. INSIDE CITY LIM | ITS7 130 STREET AND NUMBER | 1 |
| | be exe | 14 | FATHER'S NAME Figh | Middle Last | IS MOTHERS MADEN NAME FIRE | | Last |
| | rificate ohysicio n pleos vol, an | | (es, na, ar unknawn) III yes give w | NED FORCES? Grand dates of service) 233-10-292 | 17 //, // 17 . // | l Slabrook | and, |
| | ICIAN: The law requires that the death certificate be executed waited or attending physicion. Trificate has been signed by the ottending physicion and complete of for use as the burial-transit permit. Then please remove carb of Health prior to burial, cremation, or removal, and in any event, | | 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSES | y ane cause per line far (a), (b), and (a) BY: TE CAUSE (a) CEAEBA | 1) Light UASCUM Acci | penJ | APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH |
| | nt the d the otte sit perr nation, | | Canditions, if any, which gave trise to immediate cause (a), (| | ico Antonio- | | |
| | res tho /sicion. ned by iol-tron | | stating the underlying cause stating the underlying cause | OUE TO, OR AS A CONSEQUENCE O | F | | |
| 0 | The law requires the attending physicion has been signed by se as the burial-tro harior to burial, cre | N. | 12/ A BO | -765 AGLLIT | NOT RELATED TO THE TERMINAL DISEASE OR CO | NDITION GIVEN IN PART 1(a) | |
| 3 | The lay attend hos be se as the prior | CERTIFICATION | | CONDITION FOR WHICH OPERATION WAS P | ERFORMED 20a AUTOPSY? YES NO | 20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH? | NSIDERED IN CERTIFYING |
| N | HYSICIAN: hospital ar certificate iched for u | MEDICAL CEI | 21 a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin | H HOUR A.M. Manth Day Yea | 21c. HOW INJURY OCCURRED (Enter of | nature of injury in Part 1 or Part 2, It | em 18.) |
| | DING PHYSICIAN by the hospital of the this certifical be detached for State Dept. of He | WE | of wark at wark | | ACFORY.) 21f. LOCATION Street at R.F.D Na. | City or Town | County State |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to | | 22o. I certify that (I) (the saw the deceased al courses stated proove | s haspitol) attended the deceo- live an (i) (we) (did) (did not) view the | sed from 10 000, 19 6 19 , and that in (my) (our) opini | to 6-24-, 19 con death accurred an the date | e and hour and from the |
| | O HOSPITAL OR ATTENIED Page 4 moy be retained be FUNERAL DIRECTOR: A director, page 3 should should be filed with the | | 22b SIGNATURE | e a 1/00 | A ATTENDING TO MED | STAFF 22c D/ | ate signed, |
| | O HOSPITAL Poge 4 moy O FUNERAL director, pog should be fil | | 21d PAYSICIANS NAME (Type) Albe | ert Roth, M.D. | 22e ADDRESS 5409 River | dale Road, Rive | rdale, MD |
| | Poge To Fur direct shou | 23a. | BURIAL, CREMATION, 23b (| I had been been a find the | Lincoln term. | Colmar Marier Pi | (Caunty) (State) |
| | VR A15 (4) 45M - 1/69 | 24 | EUNERA DIRECTOR RAME | 411 Co Reiserde | The and 250 RECD BY | REGISTRAR 25b REGISTRAR 5 5 | IGNATURE |



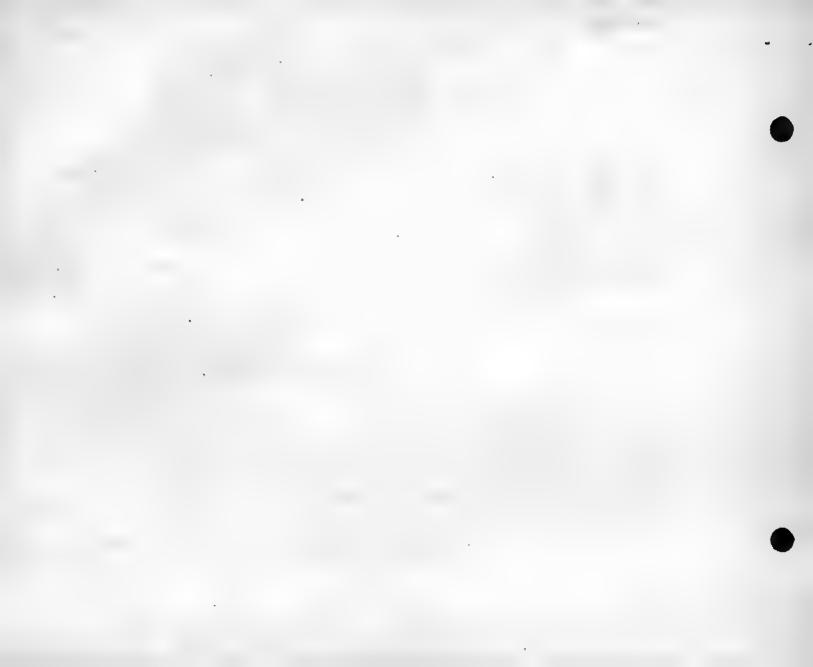
| · 1 | 1 | MARYLAND STATE DEPARTMENT OF HEALTH | |
|---|------------|--|-------------------------|
| | | 08858 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
| FOR STATE | L | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08851 |
| HEALTH DEPT. | | DECEASED-NAME Lost 20, DATE KNOWN Month Type or Prof) OF EST | h Doy Year 2b. HOUR |
| S 5 8 5 | , | Robert LEE MITCHEL DEATH MATED MALE | -(2/196)15M |
| de la | 3 5 | | 2d HOLE |
| \$ B & M | | MONTHS DAYS HOURS MAN. 2 Month 2 Day | Yeor 1967 To M |
| 7 6 A | 70 | BIRT-PLACE (State or foreign 75 CHIZEN OF WHAT COUNTRY? B MARRIED TREVER MARRIED 9 COUNTY OF BEATH | |
| - E 94 | CON | O'TOMORED DIVORCED DI | oreno mo |
| death Pages I, with farm | 10 | CITY OR TOWN OF DEATH? 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospito 12a USUAL OCCUPATION (Kind of work done | |
| iter death Give Pages ong with far th the State | 10 | heller greatest de de orces du most of wasking in even it retired) | INDUSTRY Simulation |
| 草子 年 年 | 130 | USUAL RESIDENCE (Where deceased lived, if institution, Residence before) 3c. CITY OR TOWN 13a HISTORICETY LIMITS? 13a STREET AND AUMBER | · Coloque |
| death. | C | IN ASHING TO 130 KOUNTY WASHING TO 189 ENO I DOBATU ST | - Nul |
| I and 2 | 14. | FATHER'S NAME First Middle LOS? IS. MOTHER'S MA DEN NAME First Middle | Lost |
| | | Willie Lee 1 MINNIE | GREEN |
| thin 24 mal in principle pages hours | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS | - / |
| irthin mirr po | (| (16 yes give war or dates of service) Carrie Mitchell Wil | Jan - Same |
| ould be executed with vord "p≋nding" in pe chief Medical Exandinational Example Itans: t permit File any event within 72 | - | 18 CAUSE OF DEATH (Enter any one cause per (Africa (a), (b) and (g)) | APPROXIMATE INTERVAL |
| xecuted nding" i Medical permit it withii | | PART I. DEATH WAS CAUSED BY | BETWEEN ONSET AND DEATH |
| din Aed Aed Tw | | 819 9 IMMEDIATE CAUSE (a) DUE TO JOR AS A CONSEQUENCE OF | ~ |
| ie execute pending" ef Medical ns:t permit | | Candillans, if any, which gave) Com to see the decentary at Bright | 1.185 |
| yord "per or Chief I ad-transit | | rise to immediate cause (o), DUE TO OR AS A CONSEQUENCE OF | |
| | | storing the underlying cause Due to OR AS A CONSEQUENCE OF | 7 |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | 1 |
| INER: This certificate she certificate, writing the should be farwarded to files. 3 shauld be used as a but attach a shauld be used as a file. | | TAKE 2 OTHER SIGNET-CHAIR CONDITIONS CONTRIBUTION TO DEATH SUS INSTRUCTION OF THE TERMINAL DISEASE OR CONDITION OF THE TAKE (U) | |
| rriffin rriffin varc | S | 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION | 20 AUTOPSY? |
| s certification of the second | FICA | WAS PERFORMED? | YES NO DO |
| MINER: This certs the certificate, writ 4 should be farwar ir files. e 3 shauld be used ematian, ar temava | CERTIFICAT | 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 | |
| and | | PRIMARY OR CONTRIBUTING HOUR A.M. | , |
| INER. shoul shoul files. 3 shau | MEDICAL | CAUSE OF DEATH P.M. 19 21d MUNRY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f, LOCATION Street or R.F.D. No. City or Town | County State |
| | | White NOT White factory, office building, etc.) AT WORK AT WORK | |
| lease execute the certifucation Page 4 should director Page 4 should stained for your files. DIRECTOR: Page 3 should r to burial, cremation, | | | (Z) |
| AL E execu r. Par l for crial, | | 220. I certify that I took charge of the remains described above held an Autopsy , Inspection , Inquiry | |
| | | death resulted fram. Natural causes . Accident . Suicide . Hamicide . Undetermined manne | н 🗀 |
| | | ACTUAL TO WAR AND MILE ACTUAL TO CHEF MED CAL EXAMINER 12h DA | ATE SIGNED |
| > . n = E | | SIGNATURE CLYCTO COMPANY AND ASS STANT MED CAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER COMPANY AND COMPANY AN | -22-67 |
| DEPUTY ecessary, is e funeral may be r FUNERAL | | NAME (Type) TO A Y TO NO AT A TO A TO A TO COUNTY) | |
| TO DEPUTY necessary, the funeral 5 may be r TO FUNERAL Health print | 27. | | (Caunty) (State) |
| 7 1 1 1 | 230 | Bural (Remation, 23b Date 6-30-69 Harmony Memorial Park 7601 Sheriff R | d Landover Md |
| | L | 0-)00/ | C. RULA DIES AR |
| VR ATSME (S) | | FUNERAL DIRECTORY Laster Long The Company of the C | 6. 6 |



| 1 21 | | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|---------------|--|-------------------------|
| FOR STATE | | 08859 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08852 |
| HEALTH DEPT. | | MEDICAL EXAMINER & CERTIFICATE OF PERTUR | |
| | (1 | CEASED-NAME First Middle Lost 20 DATE KNOWN Month (ype or Print) Lee Jacob Moore DEATH MATED 6-10 | 0-69 19 68: 00 am |
| 2, and 3 ta PM3. Page | 3 SE | X 4 RACE 5 DATE OF BIRTH 6 AGE in years 15 JHOER 1 VEAR 15 JHOER 24 HRS 2c. DATE PRONOUNCED DEAD | 2d. HOUR |
| de and M3. | М | ale White 8-5-1907 61 YRS MONTHS DAYS MOURS MIN Month Day | 69 19 7:01am M |
| 2,2,0 | 70 E | SIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED WHEVER MARRIED 9. COUNTY OF DEATH | |
| L E S | coun | 17) / LLinois USA WIDOWED DIVORCED Prince George's | Md. |
| hours after leoth yean 18. Give Pages 1, Office along with farm lond 2 with the State De offer death | 10. (| TY OR TOWN OF DEATH 13 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done | 126 KIND OF BUSINESS OR |
| the Fee | | Cheverly Prince George Hospital Manager | Hwd Storem |
| s after 18. Giv Avith death, | 13a | JSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d MISIDE CITY. M 157 13b. COUNTY | |
| 5 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | - | drission Haryland Prince George's Landover YES x NO 5301 85th. Ave | |
| Mours Office Office | 14 F. | ATHER'S NAME First Middle Last .S. MOTHER'S MAIDEN NAME First Middle | Last |
| 4 - 1 - 1 | | unknown unknown | |
| within 24 hours after death pencil in Item 18. Give Page xam ner's Office along with file pages land with the Stat 72 hours ofter death | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT SADDRESS es, na, ar unknawn) (Hypos give mor or doles of service) | nafiold Vo |
| wet File 1 72 | - | es, na, ar unknawn) (Hyes give wor or doles of service) 578-05-9231 Mr. John A. Goldstone, Son, Spri | ngileld, va. |
| be executed "pending" in nef Medica! E. ansit permit. F event within | | 18 CAUSE OF DEATH (Enter only one cause per une for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. | BETWEEN ONSET AND DEATH |
| executed and and and and and and and and and an | | PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Heart failure Due to, or as a consequence of Arteriosclerotic heart disease | over 9 yrs. |
| e e) pen ef N sif I | | Conditions, if any, which gave) | over a are- |
| d b rd :: Chin tran | | rise ta immediate cause (a), (10) | |
| should be en word "per on the Chief" burnal-transit in ony ever | | stating the underlying cause DUE 10, OK AS A CONSEQUENCE OF | |
| がまます。 | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| / ded ded | | | |
| This certificate should be executed will licote, writing the word "pending" in pe be forworded to the Chief Medical Exar de be used as a burial-transit permit. File or femoval, and in any event within 72 | CERTIFICATION | 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION | 20. AUTOPSY? |
| te u foi | STIFE | WAS PERFORMED? | YES NO C |
| = 77 = | | 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, I PRIMARY OR CONTRIBUTING HOUR A.M. | tem 18) |
| INER: The certification is should be files. 3 should include in the control of the certification of the certification is should include in the certification of the certification is should include in the certification in the certification is should include in the certification in th | MEDICAL | CAUSE OF DEATH P.M 19 | |
| ₹ ÷ + + ° + | * | 21d. NJJRY OCCURRED 21e. PLACE OF INJURY (At home, form street 2 f. LOCATION Street or R.F.D. No. City or Town factory, affice building, etc.) | Caunty State |
| CO 5 97 77 6. | | WHILE NOT WHILE Tactory, office building, etc.) AT WORK AT WORK | |
| 글 8 6 2 8 은 | | 22a certify that taok charge of the remains described obave, held on Autapsy, Inspection K., Inquiry | and in my opinion |
| se estar | | death resulted fram: Natural couses 🔯 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner | |
| TY DICA TY, please e gral director per ratoined (AL DIRECT prior to but | | ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATI | SIGNED |
| Print, print | | SIGNATURE OF THE PROPERTY OF T | 6-10-69 |
| o DEPUTY necessary, please es the funeral director. S may be retained o FUNERAL DIRECTO Health, prior to buy | | NAME (Type) John Kehoe H.D. Riverdale, Md. ADDRESS(Street city, town, or county) | |
| ro DEPUT: necessary the funer 5 may be 70 FUNERA Health p | 23a | BUR AL (REMALON / 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCALON (City or Town) | (Caunty) (State) |
| | | Burial June 13,1969 Resurrection Cemetery Clinton Prince C | eorges Md. |
| ^ | 24 | FUNERA. DIRECTOR Lanham Funeral Home PODRESS 13. Beach 250 REGISTRAR 368 STO REGISTRAR 368 STORE REGISTRAR | SIGNATURE |
| VR ATSME IS | | Tanham, Marryland 20801 | 1 1 |



| _ | ı | | MAKYLAND STATE DEPARTMENT OF HEALTH | |
|--|------------|---|--|--|
| | 1 | 08860 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | 000=0 |
| - | L | WOO O | CERTIFICATE OF DEATH | 08853 |
| É 68 E | | ECEASED-NAME From | Middle Lost 2a DATE OF DEATH | 2b. HOUR |
| <u> </u> | Ľ | Type or pilling | ora mary moran ruge 2 | 198769 M |
| <u> </u> | 3. 5 | X_ | | JNDER LYEAR IF UNDER 24 HRS. |
| y the Page urs ar | L | tem. | Cau. Dec 11 1889, Typithday) YRS MO | NTHS DAYS NOURS MIN |
| by P | 7a | BIRTHPHACE (State or fareign Antry) Success Mod | 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH | |
| requires that the death cert, ficate be executed within 24 hours after death physician. I signed by the offending physician and completely filled in by the foreign bunds-transit permit. Then please temove carbon papers. Page 1 and 2 bunds tremotion, or removal, and in day exent, within 72 hours after the | | ""INDUCKEL / " | 11.5 WIDOWED DIVORCED - Prince Georges | 2 CI Md. |
| fiffed paper | ID | CITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give greet address), 7 due to grost at working life, even if retited 1 | 12b KIND OF BUSINESS OR |
| within bon bon with | 2 | Uniton, mo | June Ville Misalin , Britishing | DOMESTIC |
| 9 95 | 13c | USUAL RESIDENCE (Where decedusion) STATE | sectived f institution Residence before 13c CITY OR TOWN 13d NSDE CITY UM TS2 13e STREET AND NUMBER | |
| e e e | | unegort M | my willing Million and the Little | 9 |
| and complete remove continuous co | 14 | FATHER'S NAME First | Middle Last IS MOTHER'S MAIDEN NAME First Middle | Lost |
| on a se indin | L | 11.00 | Ge W. Moran. Cora m moran | |
| e deoth cert.ficate b ottending physician sermit. Then please on, or removal, and i | 160 | WAS DECEASED EVER IN U.S. AR 'es, no, or unknown) (If yes give | The state of the s | CAST TOX TO |
| phy en ovo | L | 1/0: | 213-21-3924-0 mary Callens (day) | walder Ind. |
| e Hade | ı | IB CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly ane cause per one for (a), (b) and (c)) | APPROXIMATE INTERVAL BETWEEN DINSET AND DEATH |
| leot mit. | | MMED | LATE CAUSE (0) _ turble at & theelalony Mallay | 10/0 mm |
| off off peri | | 1 | DUE TO, OR AS A CONSEQUENCE OF | |
| the the motific motific | | Conditions, if any, which gave lise to immed ate couse (a), | (b) Melastolec Cucmona. | 6mrs. |
| 五 年 2 支 章 5 · · | П | stoting the underlying cause | DUE TO, OR AS A CONSEQUENCE OF | 1 |
| A ATTENDING PHYSICIAN: The law requires that the death cert, ficate be executed vertained by the hospital or attending physician. ECTOR: After this certificate has been signed by the attending physician and samplet is should be detacted for use as the burial-transit permit. Then please temove containing the State Dept. of Health prior to burial, cremotion, or removal, and in day event, | П | rast | (1) yasurenestay murey | 1240 |
| Para Brand | ı | PART 2 OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(c) | |
| ding ding tr to | 8 | A DATE OF GREATION LINE | reclal payout fisher | |
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| 在 E e e e e e e e e e e e e e e e e e e | EE | 210 ACCIDENT WAS UNDERLY | TES NOTES | |
| PHYSICIAN: e hospitol or his certificote stached for u Dept. of Heal | CAL C | OR CONTRIBUTING CAUSE OF DE | HOUR AM Month Day Year | n 1B.) |
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| de Date | Ł | ot work of work | his hospital) attended the deceased from 3-72 1967 to 6 2 196 | *** |
| JDING J by 1 After 1 be d | L | saw the deceased | nis hospital) attended the deceased from 3 12, 1967, ta 6, 196 Drive on 1967 and that in (my) (our) opinion death occurred on the date | and hour and from the |
| ATTENDING ATTENDING etoined by th CTOR: After t should be da unth the Store | П | causes stated abov | e, (1) (we) (did) (did not) view the body ofter death. | ond noor ond nom me |
| A Se | П | 22b SIGNATURE | ATTEMPING STAFF 22c DAT | E SIGNED |
| OR be r | L | CO | hed Capin Mestre PHYS DIRECTOR DIRECTOR PHYS D | 6-2-69 |
| TAL AL Poor | | 22d. PHYS CIAN S NAME (Type) | 22e ADDRESS D | 7 |
| SPI 4 m VER. | | | FRED R. LAPIN, NO CLINTON, ON | φ |
| Poge 4 may be retained by the hospital CT FUNERAL DIRECTOR: After this certifical director, page 3 should be filed with the State Dept. of He | 230 | BURIAN, CREMATION 1 23b- RYMOVAL (Specify) | DATE 23c, NAME OF COMEYERY OR CREMATORY 23d/ LOCAT ON (City or Town) (| Caunty) (State) |
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| VR A16 24 | 124 | FUNERAL DIRECTOR | ADDRESS 250 RECD BY REGISTRAR 35 G | MAIUR |
| 45M V. 69K | | a NAM JOHN A | kended off me, tradelicity the DATE OIL & 1000 | (i) |



| المنتيب | 1 | MARYLAND STATE DEPARTMENT OF HEALTH 18867 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|---------------|--|-------------------------|
| FOR STATE | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08854 |
| HEALTH-DEPT. | 1 | DECEASED-NAME First Middle Last 2a DATE KNOWN TI Manth | |
| ≈ 2 3 1 | | Ronald Thoedore Morosko DEATH MATER 6-24 | |
| delay delay | 3 | SEX 4. RACE S DATE OF BIRTH 6 AGE (In yours FLINDER I YEAR FLINDER 24 HRS 2c DATE PRONOUNCED DEAD | 2d HOUR |
| 2, and PM3 | | Tale White 1-3-1947 22 YRS 6"6" 24" | 69er 19 2:18amm |
| Dept | 70 | BRIHPLACE (Store or foreign 76 CIT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH I'.S.A. WIDOWED DIVORCED Prince George | |
| tate | 10 | CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 US.JA, OCCUPATION (Kind of work done | 12b KIND OF BUSINESS OR |
| INER: This certificate should be executed within 24 hours office death any e certificate, writing the word "pending" in pencil in Item 18. Cive Pages 1, 2, a should be forwarded to the Chief Medical Examiner's Office along with form PM files. 3 should be used as a burial-transit permit. File pages I and 2 with the State Departiation, or removal, and in any event within 72 hours after death. | | Cheverly give street address) during most of working life, even if retired Programmer Programmer | INDUSTRY |
| 2 with deoth. | 13 | D USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d JASIDE CITY LIMITS? 13e. STREET AND NUMBER | |
| 112 w Ce o | - | admission) STATE NO D (SUNDIA Washington YES NO B 825 New Hamps | hire Ave NW |
| 24 hours on them 18. Soffice of the stand 2 w | 14, | FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle | Lost |
| him 24 north market by the property of the pr | | | rvin |
| thin 24 incil n miner's poges hours | | FAC DO OF HIR MONEYS Hilliam man area deleteral constant | 5 31st St |
| Example File | - | | APPROX MATE INTERVAL |
| arted col | | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (a) Hemorrhage and shock | BETWEEN ONSET AND DEATH |
| Medin Medin Perr | | DUE TO, OR AS A CONSEQUENCE OF Multiple fractures, - Pelvis, | |
| per lef / le | | Conditions, if any, which gave) as Stermin and both legs. | |
| a pla | | rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| there the union | | last tc) | |
| XAMINER: This certificate should be executed within te the certificate, writing the word "pending" in pencil ge 4 should be forwarded to the Chief Medical Examine your files. Ogge 3 should be used as a buriol-transit permit. File pagaremation, or removal, and in any event within 72 hour | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a) | |
| ifice t.ng rrde ol, c | = | | |
| veri wr now | CERTIFICATION | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? |
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| Tale Bar | SIS | BRIGADY OF OUTDINITING TO HOUR A M | |
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| EXAMINER: cute the cert age 4 should ryour files. Poge 3 should. | - ~ | WHATE NOT WHATE factory, office building, etc.) | |
| | | 22a. I certify that I tack charge of the remains described above, held an Autapsy , Inspection , Inquiry | |
| DICAL E ase exect rector. Pa ined for RECTOR: to burial, | | death resulted fram: Notural causes [], Accurent [X], Suicide [], Hamicide [] Undetermined manner | - |
| please I direct retaine L DIREC | | CHIEF MEDICAL EXAMINER | L3 |
| 그 그 그 그 그 그 그 그 | | ACTUAL SIGNATURE | SIGNED |
| Sory merr be ERA | | EXAMINER'S DEPUTY MEDICAL EXAMINER 🛣 | 24-69 |
| necessory, please ex the funeral director. 5 may be retained f | L | NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street city, town, or county) | |
| ひょもつもより | 23 | School of Color | (County) (State) |
| X | J | Surial poly 6-27-1969 Gedar Till Cuitland Pr. | |
| VR AT 5ME (5) | 24 | | SIGNATURE |
| 10M REV 1 68 | | Goten Williamy St S.E. Washin Day 1969 VCharle | 47 |



MAKTLANU STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08862 08855 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR executed within 24 hours after death (Type or print) Month Year 69 Ellsworth Muller D. S. DATE OF BIRTH 6. AGE (In years last birthday) 3. SEX 4. RACE buriol-transit permit. Then please remove earbon papers. Pages I buriol, cremation, or removol, and in any event, within 72 hours after IF UNDER I YEAR IF JNDER 24 HRS MONTHS 1 DAYS Male White HOURS 11-01-10 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED ני רוני [ז פור " (country) Prince George States United WIDOWED [DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12c USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY completely 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATENT PVI and 13b. COUNTY Prince YES 🔀 inton NO T 14. FATHER S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost Charles F. Muller Alice Mulle 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address - Yes .no, or unknown) (if yes give year or dates of service) Tuller ame 23 nna APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) acute Corne DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT-NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) for use os the b Heolth prior to b has been see os the 19a, DATE OF OPERATION 20a. AUTOPSY? 206 TF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO DI YES [TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be detached for State Dept. of H (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 19 68 to 19 69 that (I) (we) last saw the deceased alive on 19 7 and that in (my) (eur) apinion death occurred on the date and hour and from the director, page 3 should should be filed with the couses stated above, (1) (we) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 230. BURIAL EREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Shocify) LLALA FUNERAL DIRECTOR 2So _ REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 41 30M REV. 1768 1969

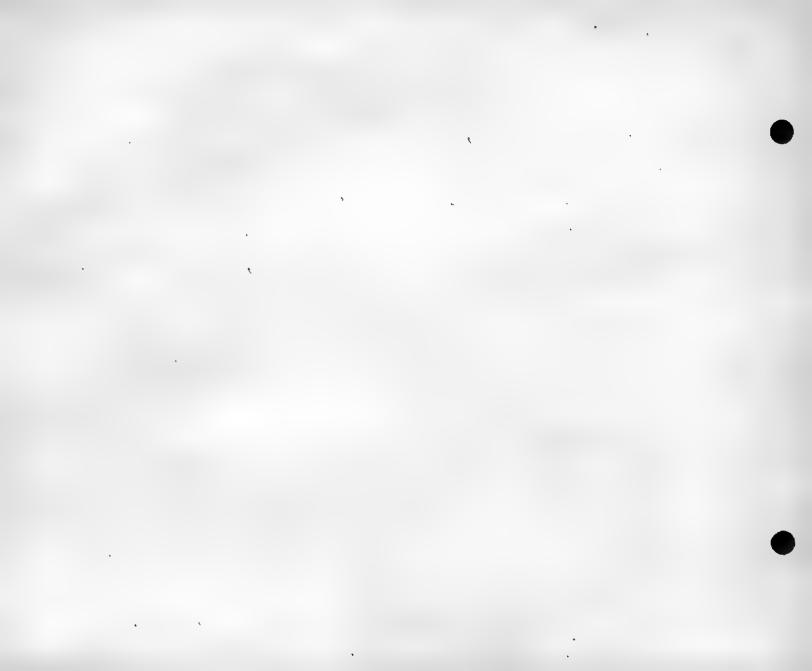




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| | П | 08864 | DIVISION O | F VITAL RECORDS, | | | TIMORE, MA | RYLAND 21201 | 0.07 | The state is a |
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| cample cample of y ever | Odu | assion) STATE Marry Lau | 13b COUNTY | Georges | Greenbe | YES N | 0 01 | Woodland. | * * | |
| and core | 14. | FATHER'S NAME First | Middle | Lost | | OTHER'S MAIDEN NAME | | Mood Land M.dale | Way | Lost |
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| equires that the death certificate be exemply signed by the attending physician and cobusial-transit perm t. Then please remained, crematian, ar removal, and in any | 160 | WAS DECEASED EVER IN U.S. A | RMED FORCES? | 16b. SOC AL SECUR TY N | IO 17 INFO | | | Address | | |
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| ne death cer attending p perm.t. The | | 18. CAUSE OF DEATH (Enter of | only one couse per | line for (o) (b) and (c)) | | | | | APPROXI | MATE INTERVAL INSET AND DEATH |
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| has has che | 쁗 | 21d INITIRY OCCURRED 24 | B. PLACE OF INJURY | | | ION Street or R.F.D. No | City | or Town | (ounty | Stote |
| the detection of the De | | While Not while at work | | | | 111. | 1 01 . | | | |
| by by frer be state | | 22a. I certify that (I) (t saw the deceased | his haspital)-at | tended the decease | d fram | 11/1/19 | 20/, to 1 | une 7, 19 | 69, that | (I) (we) last |
| OR ATTEND be retained JIRECTOR: A e 3 should ed with the | | saw the deceased | alive on | (a plant)/frew the/ | _ 4 , ond th | not in (prly) (our) ap: | injon death o | occurred on the de | ote and haur- | and fram the |
| TA Tage | | 22b SIGNATURE | re, (i) (maj-turu | (u pa nor)/new me/u | ady after dea | m. | | | DATE SIGNED | |
| OR DE LE | | | 1/ / . | 1/1/2 4 | 11 + Hobbin | ATTENDING A | WED DIRECTOR | STAFF PHYS | DATE STURED | |
| A by | | 22d PHYSIC ANS | t e C | MACULA | A POEGNEL | 27e ADDRESS | DIRECTOR - | SHA2 [7] | | |
| MD MO | | NAME (Type) | 1=1N+RAUD | 10.0. | | 00011 | 115 Cont | erwhy Gree | nllno 1+ 1 | MJ |
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| | | FUNERAL DIRECTOR | | ADDRESS | | 250 REC D E | Y REGISTRAR | 25b REGISTRAR S | S GNATURE | |
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| | ± / 21 12 | | | CEASED NAME Fit | st | M.ddle | East | | 20. DATE OF DEATH | | 2b. HOUR |
| | to 12 to | | - 0 | ype or print) | TINIE | = | Nels | son | Ø Month ₹→ | Doy Geor | 245 |
| | 2 | | 3 SI | | 4. RACE | | | | 10 | 0/ | D. M |
| - | s afte the f ages s afte | | " | Female | 4. KASE | 1: 10 | S. DATE OF B | | 6. AGE (In years last birthday) | F JMDER 1 YEAR MONTHS DAYS | IF UNDER # HRS. |
| | rs i | | _ | | U | mire | Sef | of 25, 1 | 8 /8 90 YI | | |
| | within 24 hours after sly filled in by the future on papers. Pages I within 72 hours after | | Can | BIRTHPLACE (State or foreign | 76 CITIZEN OF WHAT | | 8. MARRIED 🔲 NEVER MAI | RRIED 9 | COUNTY OF DEATH | | |
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| | with bon wit | | L | YATTSUILL | g ve sire | et address) HYA | TESUITE NI | during mast | of working life, even if retired | 1) INDUSTRY | |
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| | interest | 1 1 | adm | ssion) STATE D.C. | 13P COUNTA | PO CI. | WASH. | YES NO | | o Pl MI | , |
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| | ica Ask Page 1 | | | | e wat at gates of service) | IU. SOCIAL SEL SKITT N | | 0 1 | Address | | / |
| | ertificate be executed within physician and completely from please retrove carbon aval, and in any event, with | | H | | | | Mrs Nary | y Beard, | 501 Uncida r | luce N.W. | |
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| requires that the death certificate be executed within 24 hours after death g physician. I signed by the attending physician and campletely filled in by the funerabbunal-transit permit. Then please remove tarbon papers. Pages I am a burial, crematian, ar remayal, and in any event, within 72 haurs after death | | | | 4371 | DUE TO, OR AS A | CONSEQUENCE OF | 1 | 1100 | | | |
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| 41 | the litter as a signal of | | 3 | 170 DATE OF OPERALISME | o. CONDITION FOR WIFICH | OFERATION WAS PER | | | 20b IF YES, WERE FINDING CAUSES OF DEATH? | S CONSIDERED IN C | ERFIFYING |
| 1/2 | DING PHYSICIAN: The I by the haspital or atterday the this certificate has I be detached far use a State Dept. of Health pr | 1 | CERTIFICATION | 01 466100117 11/16 11/1000 | 100 | | YES | | | | |
| | OR ATTENDING PHYSICIAN: De retained by the haspital or HRECTOR: After this certificate a 3 should be detached far to ed with the State Dept. of Hea | | | 2 To ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF OR | | JURY Honth Day Year | 21c HOW INJURY OCC | LURRED (Enter na | iture of injury in Part 1 or Part | 2, Item 18.) | |
| | 音音音 | | MEDICAL | (If either, notify medical exar | niner) P.M. | . 19 | | | | | |
| | has has ce sche | | | 21d INJURY OCCURRED 21 | e. PLACE OF INJURY (AT | HOME, FARM, STREET, FACTO | PRY.) 21f LOCATION Stree | et or R.E.D. No | City or Town | County | State |
| | 事 幸 美 克 | | ш | While Nat while at wark | | | | / | 1 | 10 | |
| | ING 2y 1 ter ter tat | | | 22o. I certify that (I) (a | his hospital attend | led, the deceoses | kgm_ /// 2.1/ | 1/2 192/ | , to file / 5 , | 195 , that | (1) Lund-lost |
| | NO A P | 1 | | saw the deceosed | olive on School | /319 | 57, and that in (m | y) (our) opinio | n deoth occurred on the | dote and hour | and from the |
| - | OS ding | | | 7 | /e, (I) (w/e) (did) (6 | not) view the b | ody ofter deoth | | | 1 | |
| | With Street A | | | 22b SIGNATURE | 7 | 11 m | 1) ATTENDIN | NG X MED | STAFE - 2 | C DATE SIGNED | 010 |
| | PR Pe | | | 90 m/4/ | Terray | 1911 | DEGREE PHYS | DIREC | TOR PHYS | me / 3, /, | 969 |
| | AL Page | Ê | | 228. PHYSICIAN S | 7 / | MD | 22e ADD 341 | RESS | on St. Hyattsv | **11° Md | |
| | SPI 4 TER | | | NAME (Type) John | brennan, Jr. | M.D. | 341. |) usuitif | on St. Hyatts | ville , rid | • |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires Page 4 may be retained by the haspital or attending physici TO FUNERAL DIRECTOR: After this certificate has been signed director, page 3 should be detached far use as the buranshould be filed with the State Dept. of Health priar to bur al, | | 23o | BLRIAL, CREMATION, 236 | DATE | 23c NAME OF C | METERY OR CREMATORY | 2: | 3d LOCATION (City or Town) | (County) | (State) |
| | 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 1 | BENOVAL (Specify) | 6/17/69 | Arting | ton hational | | Arlington Va. | | , |
| | | | 24 | INERAL DIRECTOR - W.K. | luntemann & | Son. ADDRESS | 132 Georgia | 250EZREC D BY RI | Q | | |
| | VR A15 (| 69 | 1 | NXX XI. | true | - | N.W. 91.C. | DATUN 1 | | rela, Jack | |
| | | | - | | your court | | C | DURE O 14 T | | set se il aquela | 2.8% |



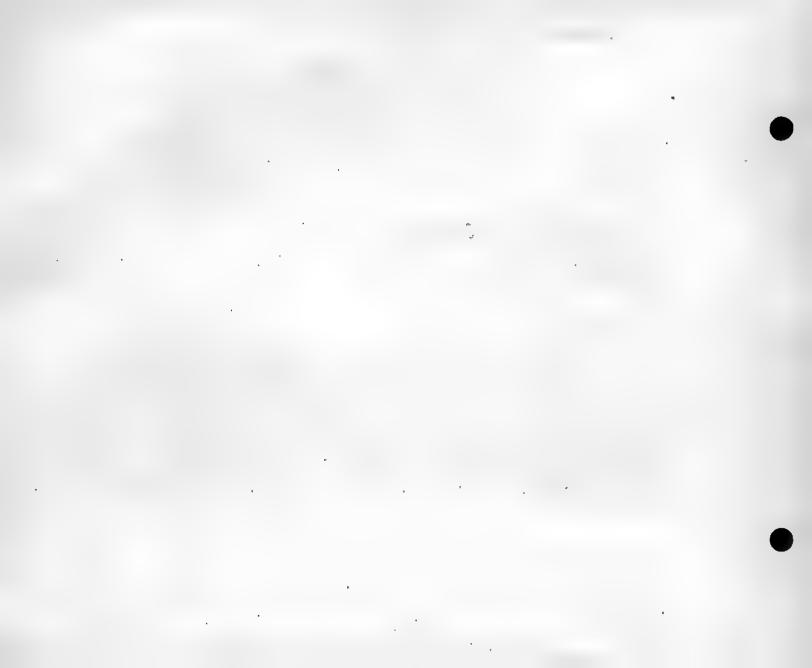
| 2 | 1 | tem2 F | llm 414 7 ISION OF STAT | -9-63 MAR TISTICAL RESE | YLAND STATE DE ARCH AND RECORDS | PARTMENT OF H 3. 301 W. PRESTON | | ALTIMORE 1. I | MARYLAND |
|---|--|---|--|--|------------------------------------|--|------------------------|---|-----------------------------|
| , | 4 E24 . | , | 0880 | | | E OF DEATH | , | | 08859 _ |
| | hours after death. | 1. PLACE OF e. COUNT | DEATH | E GEORGE'S | HOSPITAL ARYLAND | 2. USUAL RESIDENCE (a. STATE HYLLS 1.0E | | red, If Institution: I | Residence before admission) |
| | rs after Pages urs aft | b. CITY OF Write I | TOWN (If outside a BURAL and give near ERLY, MARY | corporate limits, | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If out | | | |
| | 2 22 | | | | ospital, give street address) | d. STREET ADDRESS | 20000 | | e. IS RESIDENCE |
| | Page 1 | | PRINCE | GEORGE 'S | HOSPITAL | 1208 | 6th St. | N.E. | ON A FARM? |
| | within 2 | 3. NAME OF DECEASED (Type or p |) print) | First | Middle J. | Last 4 | DATE OF DEATH | Month JUNE | Day Year 2 19 69 |
| | te le executed within ysician and-completely please remove carbon p, and in any event, within | 5. SEX MALE | 6. COLOR OF | | T HEACK WINNELDS | 8. DATE OF BIRTH EPT. 29, 1906 | 9. AGE last | (In years IFUNDER birthday) Months | TYPARTETINDER 24 HRS |
| that the death certificate se executed within sician. | Le ex | 10a. USUAL OC during most of TRUC | CUPATION (Give kind working life, even l K DRIVER | of work done 10b. I | KIND OF BUSINESS OR NDUSTRY | 11. BIRTHPLACE (Count | y & State, or fore | ign country) 12. (| CITIZEN OF WHAT OUNTRY? |
| | icate physi n ple val, a | 13. FATHER" | | 1 | | 14. MOTHER'S MAIDEN | NAME | | |
| | certifica nding ph Then removal | Ur | IKNOWN | | | UNKNOWN | | | |
| ath ce | death certifica le attending ph permit. Then ion, or removal | 15. WAS DECE (Yes, no, or unl | ASED EVER IN U.S. AF (own) (If yes give war | RMED FORCES? 16 or dates of service) | | INFORMANT RS. BARBARA J | . ARMSTE | Address AO - DAUG | HTER |
| | hat the deat clan. ed by the at trans:t perm cremation, | | | - | line for (a), (b), and (c).1 | | | | ONSET_AND DEATH |
| 1 | hat the clan. Iclan. Itrans. I, crem | PAR | T I. DEATH WAS CAU IMMEDIATE | CAUSE (a) | onchogenic (| arrinama | c melo | islases | 15 months |
| Di | | Condition | 2 / s, If eny, which \ | DUE TO | 0 | | | | |
| 10 | | gave ris | e to immediate | (b) DUE TO | | | | | |
| 1 | attendi attendi he as the h prior | underlyin | g cause last. | (c) | UTING TO DEATH BUT NOT REL | ATED TO THE TERMINAL DIS | FASE CONDITION | N GIVEN IN PART 1/a |) 119, WAS AUTOPSY |
| • | The lar at cate lar use ealth | CATIO | THER SIGNIFICANT C | ONDITIONS CONTRIB | OTTHO TO BEATH BOTTHOT KEE | TIED TO THE TERRITORE DIO | DIO 2 0 0 11 1 1 1 0 1 | 2 40 2 10 2 1 1 2 2 7 1 1 2 7 1 1 1 1 1 1 1 1 1 1 | YES NO |
| | ospital certification ed fo | OR CONTI | DENT WAS UNDERLY RIBUTING TO CAUSE R, NOTIFY MEDICAL | YING [] 20b. OF DEATH EXAMINER) | DESCRIBE HOW INJURY OCC | JRRED. (Enter nature of In | Jury In Part I o | r Part II of Item 1 | |
| | ≣ई et रु≣ | | E OF INJURY Mont ir a.m. p.m. | h, Day, Year 20d. While 19 at wo | Not While facto | CE OF INJURY (Home, farm ory, street, office bldg., etc.) | 20f. (City o | or town) (Co | ounty) (State) |
| | P A P | 21. 1 | | the contract of the contract o | ded the deceased from 2 | | 8 , to u | | A that (!) (we) last |
| | OR ATTENING be retained INCTOR: At should led with the | | ne deceased alive | on may 2 | 8 19 6 7, and tha | t death occurred at25 | PM, ftom the | e causes and on 22b. | the date stated above. |
| | De De led | | euis H | Shum | an M. | | ECTOR P | AFF Du | ne 3, 1969 |
| | F 8 8 1 | 22c. PH | ysician's ^{ME (Type)} Loui | s H. Shu | man, M.D. | 1635 Mas | | | .N.W. Wash. |
| | Page 4 In Figure 4 | 23a. BURIAL REMOVA | CREMATION, 23b. | DATE THEREOF | 23c. NAME OF CEMETER | y or crematory emorial Park | | George M | |
| | | | | | unerallatione | 25a. REC'D | | cs.ees.ff | |
| | VR A15 (4) | | | | Washington, D. | C. DATEUN | 9 1969 | A. INON | en Judge |



| | <i>.</i> | | 00000 | | | | PARTMENT OF | | | | |
|-----|--|---------------|--|---|---|-------------------------|--|------------------------------|-----------------------------------|------------------|-------------------------------|
| X | 1 | | 118867 | | VITAL RECORDS | | | | YLAND 21201 | | |
| i | | _ | teml3 FilmG414 | 7/14/69 | kk | CERTIFICAT | E OF DEATH | | | 0886 | 0 |
| | € -7€ | | ECEASED NAME First | | Middle | 1 600 | Last | 2o. DATE OF | | 4.0 | 2b. HOUR |
| | death death | _ ` | Type or print) A. Eile | 2BW | | 0' Kal | RIEN | 6 | Manth 19 Day | 69 Year | 12º2 MM |
| | 重工工 | 3 5 | | 4 RACE | | | ATE OF BIRTH | | 6 AGE (In years | | IF UNDER 24 HRS |
| | 2 2 2 | L. | temale | Cau | casian | | 6-23-1 | 1886 | rast hirthday) YRS | MONTHS DAYS | HOURS MIN |
| | A deurs | 7a. | BIRTHP ACE (State or foreign | 7b. CITIZEN OF W | | 8. MARRIED [] N | EVER MARRIED 🛣 | 9 COUNTY OF | DEATH | 1 | |
| | 4 B 20 3 1 | | Penna. | US | A | MIDOMED | DIVORCED 🗂 | Prin | ce Geo | RGE | Md |
| | | IU. | THE OR LOSSIN OF DEATH . | 11 h | IAME OF HOSPITAL OR II | ISTITUTION (If not in I | | JAL OCCUPATION | Kind of work done | 12b. KIND OF B | USINESS OR |
| | with the party | | 4ATTSUIL | H | IAT TSUILLE | NUASING | Hone Re | most of working I G. NURS | fe, even if retired) E | INDUSTRY | |
| | Pa a to to | 13o. | USUA, RESIDENCE (Where decen | sed I ved, if institu | tion: Residence befare | 13c CITY OR TOW | N 13d NS/DE CTY | LIMITS? 13e STR | EET AND NUMBER | | |
| | campl ave y eve | | iss on) STATE | 4307 COUNTT | | Baltimo | re YELX | NO 301 | 2 St. Pau | l Street | |
| | and campres remayer | 14 | FATHER S NAME First | Middle | ALO tast | IS. MO | THER'S MA DEN NAME | | Middle | | Last |
| | n a se i | | JOSEP | | O'BRILL | | | Mary | Hnn | Ber | RY |
| | requires that the death certificate be executed within g physician. signed by the attending physician and campletery fill the build-transit permit. Then please remove furbon post burial, crematian, ar remayal, and in any event restricts. | 160 | WAS DECEASED EVER IN U.S. AR | MED FORCES? wor or dates of service? | 16b. SOCIAL SECURITY | | | _ + | Address | | / " |
| | phy: | | Yes | | 212-40- | 87/ 0 6 | nner, RN | 2113 641 | FORD Rd. | 14ATTSUIL | le, Md. |
| | he death ce e attending p permit. The | | 18 CAUSE OF DEATH (Enter or | nly one cause per l | ine for (a) (b) and (c |)) | | | | | ATE INTERVAL SET AND DEATH |
| | endi mit. arr | | PART I, DEATH WAS CAUSE | ATÉ CAUSE (o) | PHEUMON | ITIS R | 164T Lowe | ER LOB | B | | |
| | affi affi an, | | 4819 | DUE TO, OR | AS A CONSEQUENCE OF | , | | | | | |
| | the the mat | | Candit ans, if ony, which gove rise to immediate cause (a), | (b) | CULTU. | RES PL | SHPING- | | | | |
| | the lan, by tran cre: | | stoting the underlying couse | DUE TO, OR | AS A CONSEQUENCE OF | | | | | | |
| | physician physician signed by the burial-transit burial-transit burial, cremati | | lost. | (c) | | | | | | | |
| | sign phir | | PART 2 OTHER SIGNIFICANT CO | NOTIONS CONTRIBL | ITING TO DEATH BUT I | OT RELATED TO THE | | | | | |
| 0 | e law retending is been as the priar to | *0 | GENERALIZI | | RIUSGLER | | | | THRITIS | | |
| 1. | The law ratending attending has been se as the the priar to | E | 190. DATE OF OPERATION .9b. | CONDITION FOR WI | HICH OPERATION WAS P | ERFORMED / 2 | Oa. AUTOPSY? | CAUSES | 'ES, WERE FINDINGS (OF DEATH? | ONSIDERED IN CER | TIFYING |
| , | | CERTIFICATION | Di- ACCORDING MAIS (MARCHINE | 10 10 100 | | | YES NO | 1 | | | |
| 1/1 | AN: | AI C | 210 ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF DEA | | FINJURY Manth Doy Year | 21c. HOW IN | JURY OCCURRED (Ent | er nature of injury | in Part 1 or Part 2, | Item 18.) | |
| 1. | Spit spit entiff ed ed af | EDIC. | (If either, natify medical exami | iner) P.M. | 1 | 9 | | | | | |
| 1/4 | G PHYSICIA the hospita this certifi detached f ie Dept. af I | ~ | 21d INJURY OCCURRED 21e. While Not while | . PLACE OF INJURY | (AT HOME, FARM STREET, FA OFF-CE BUILDING, ETC. | CTORY.) 21f. LOCATIO | IN Street or R.F.D. N | a. City o | r Tawn | Canuty | Stote |
| | te D | | of work at work | 1 1 2 4 | | | | | | | |
| | DING by th After the be de State | | 22a. I certify that (1) (the saw the deceased of | us hospita l) att | ended the deceas レルニーフダ | ed from 11/1 | 19 1 | 6 8 , to 1 | <u> 195 29</u> , 19. | 69, that (| 1) (we) last |
| | ATTEN stained CTOR: / shauld th the | | causes stated above | e, (1) (we) (did) | (ala fiot) view the | bady after death | ir iis (iiiy) (2007) u p t. | aman aeam ge | currea an the aa | re and naur a | nd fram the |
| | RATTENI retained ECTOR: A S shauld with the | | 22b. SIGNATURE | 0(1/1) | | | | | 22c. | DATE SIGNED / | |
| | OR ATTEN be retained DIRECTOR: / | | - / - d- | d XI VI | 17-17 | O, DEGREE | ATTENDING PHYS | MED DIRECTOR | STAFF D 6 | 129/6 | 7 |
| | AL CAP | | 22d. PHYSIC AN S | [: | | | 22e. ADDRESS ME | | | INF | |
| | SPI 4 m (ER) | | NAME (Type) | | | | 6480 NE | WHAMPS | HIRIZ AVT | AKUTTA PA. | RK Mp |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR. After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. af Heal | 23o | BUR AL, CREMATION, 23b | DATE | 23c NAME OF | CEMETERY OR CREM | | | (Sty ar Tawn) | (County) | (Stote), |
| | 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | Billial 7 | -2-69 | BAH | -imore NA | Hisval CEM | BA. | /timore | MAI | evland |
| | VR A15 (0) | 24. | SUIVERAL DIRECTOR | 2.4 | 2222 LOSES | ac. are. | N.W. 250 REGD | BY REGISTRAP 196 | 25b. BEGISTPAR'S | SYGNATURE | k. |
| | 45M - 1/69) | _Ç | Kimes C. Los | let | Winsh & | ·C. | DATE | 1 130 | 4 / | 0 | |



| Second S | 2d HOUR Opm M Md |
|--|---------------------------|
| Country of Death Country of | 30pmM 2d Hour Opm M |
| Bruce S Odesser Death Mated 6-11-69 192: 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years least brithday) Months DAYS HOURS MIN Manth 11 Doy 69 192:3 70. BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Prince George 15 | 2d HOUR Opm M |
| BROWL NY U, S A WIDOWED DIVORCED Prince George's | Opm M |
| BROWL NY U, S A WIDOWED DIVORCED Prince George's | Md |
| BROWL NY U, S A WIDOWED DIVORCED Prince George's | Md |
| | 1910 |
| taun stend address) | IESS OR |
| Cheverly Prince George Hospital HCCOUNTHY | |
| | |
| odm ssion) STATE 176 COUNTY Anne Arundel Crofton YES NO 1718 Tipton Drive | |
| Maryland V Allo Action 15 Modele Lost 15 Mother's Maidele Lost 17 Middle Lost 17 Middle Lost 17 Middle Lost 18 Mother's Maidele Lost 18 Mother's Mother | |
| MURRHY Odes 68 R YETTH RATZ 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 170 (Yes, no. or upknown) Mayor grapher or speech group) 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 7921 - Slence | D. A 00 |
| (Yes no. or unknown) 151.5 - 1968 085-30-0645 will AM Recree Lankson, much | round, |
| APPROX MAIL II BYPHON MAIL II | MTERVAL |
| PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laceration of brain | MU DEATH |
| DUE TO, OR AS A CONSEQUENCE OF Trauma - auto accident | |
| Canditions, if any, which gave) (b) | |
| stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) | |
| - The second of | |
| 190. DATE OF OPERATION 190. DATE OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE | , |
| WAS PERFORMED? | NO 💽 |
| 216 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item Pertury PRIMARY OR CONTRIBUTING HOURA M | |
| PRIMARY OF CONTRIBLTING HOURAM 7: 28atm 6-11- 19 69 Driver of car which went out of control 21d N.LRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No City of Town County | |
| PRIMARY COCCURRED TO CONTRIBUTING TO THOUR AM TO CAUSE OF DEATH TO CAUSE OF DEATH TO CAUSE OF DEATH TO CAUSE OF DEATH TO COUNTY TO COUNT | Stote |
| TRIBUNAL STATE OF DEATH TO LAURY OCCURRED TO LAU | |
| death resulted fram Natyral sauses Accident M. Suicide . Undetermined manner | apinian |
| CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER | |
| CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ACTUAL SIGNATUR | |
| death resulted fram Natural causes . Accident . Suicide . Hamic'de . Undetermined manner . CHIEF MEDICAL EXAMINER . 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER . 22b DATE SIGNED DEPUTY MEDICAL EXAMINER . 6-12-69 | |
| | |
| DREMOVAL (Specify) / (- 17 15 1 C) ALL CLOSE | ire) |
| 24 FUNERAL DIRECTOR JODRESS, JU TIG FULZSO RECISTRAR 256 REGISTRAR'S SIGNATURE | |
| VRAISME (5) BERNORD DONZANSKY SINS WASh, WE TON DEGLARN 1 6 1969 Rolling Quege | |



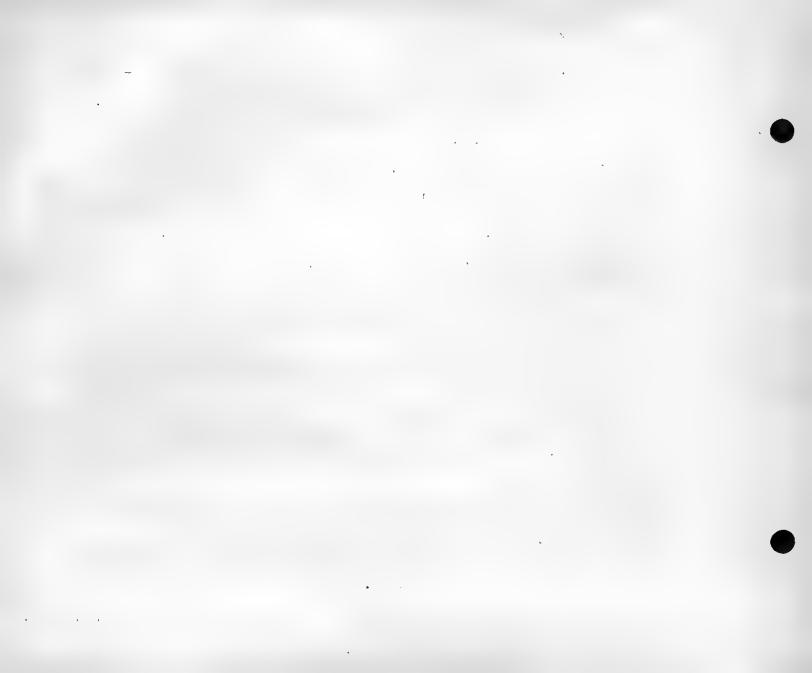
| | 1 | - 1 | | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|---|-----|--|---|---|
| | FOR STATE | | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08862 |
| | HEALTH DEPT. | | 1 DE | CEASED-NAME First Middle Lost 2a DATE KNOWN Month | Day Year 25. HOUR |
| | et ga g | - 1 | (1 | ype or Print) Raymond James Oliver DEATH MATED \$2 6-28- | -69 191:32am M |
| | | | 3 SE | X 4 RACE 5. DATE OF BIRTH 6 AGE (In years 5 JUDER 1 YEAR 15 JUDER 24 MRS 21 DATE PRONOUNCED DEAD | 2d. HOUR |
| | 2, and 3 PM3. Pop | | Ma | ale White 6-24-1946 23 YRS | 69'191: \$7am M |
| | 50 A B | | 70 B | IRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH | |
| | E S T | | | Washington, D.C. USA WIDOWED DIVORCED Prince George's | Md. |
| | | | 10. 0 | Gheverly Prince George Hospital during most of working life eyen if refined) | 12b KIND OF BUSINESS OR INDUSTRY |
| | s after 18. Giv alang with t death. | . | 13a | LSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CMY OR TOWN 13d INSIDE CMY LIMITS? 13e. STREET AND NUMBER | |
| | 2 w dec | | 1 | Taryland Prince George's Lanham YES NO 1 8619 Defense Hi | ghway |
| | haurs Item 1 Office 1 and 2 after d | • | 14, F/ | ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle | Last |
| | 24 haurs at in Item 18. r's Office ale es land 2 wi rs after dec | | | Alvin Oliver Marjorie Van Heiten | |
| within 24 pencil in xaminer's ile pages 72 haurs | | | 16a, \ (Ye | NAS DECEASED EVER IN U.S. ARMED FORCES? es, na, or unknawn) (# yes give war or dotes of service) 16b SOCIAL SECURITY NO No 17. INFORMANT No 17. INFORMANT No 17. INFORMANT No 17. INFORMANT No 18. Nancy J. Oliver, Same as I | 3 E. |
| | ed with in per I Exam I. File | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| INER: This certificate shauld be executed within 24 haurs after death he certificate, writing the ward "pending" in pencil in Item 18. Give Pagishould be farwarded to the Chief Medical Examiner's Office along with fles. 3 should be used as a burial-transit permit. File pages I and 2 with the Secondarion, or removal, and in any event within 72 haurs after death. | | | 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Laceration of brain | | |
| | | | X / 6 Due to, or as a consequence of | | |
| | | | Conditions, if any, which gave nse to immediate cause (a) (b) | | |
| | ony | | | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| 0 | shauld e ward a the Ch burial-tra | | | last (c) | |
| 13 | This certificate: icate, writing the be farwarded to do be used as a bar remaval, and | | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
| 9 | cert'i y writh arwar used mavo | | CERTIFICATION | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION | 20. AUTOPSY? |
| | This classes, be fail | | E E | WAS PERFORMED? | YES NO. KS |
| | INER: This e certificate, should be fuller. I fles. 3 should be carried the carried to a should be carried to a should be cation, or reconstitution, or reconstitution. | | 199 | 21d EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or 2007 2.11c | |
| | cert cert nould les. shau tion, | | MED CAL | (AUSF OF DEATH TEST OF DEATH OF DEATH WHITEH WELLS OUT OF | |
| | The 4 sh in the 3 se 3 se in the | ,- | ME. | 21d N.URY OCCURRED 21e PLACE OF INJURY (At hame, farm, street 21f LOCATION Street or R.F.D. Na. (ify or Town factory, office building, etc.) | County State |
| | XA Ite ge you you | 5 | | WHILE NOT WHILE Rt. 495m I mils so. of Rt. 218, Largo, Prince George Cor | |
| | VECU Vecu For for rial, | , | | 22a. I certify that I taak sharge of the remains described above, held an Autopsy 🔲, 🔝 Inspection 🔼 , Inquiry 🔲 | |
| | bical blease exer director. P eta ned far DIRECTOR or to buria | 1.1 | | deoth resulted from: Natural gause's 🗌 , / Accident 🖾 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner [| |
| - 4 | pleas Il director retor C DIRI | | | CHIEF MEDICAL EXAMINER | |
| ` | y, pleaseral directions to prior to | | | SIGNATURE | -29-69 |
| | | | | EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. DEPLTY MEDICAL EXAMINER _ K 6- ADDRESS(Street, city, town, or county) | -27-07 |
| | TO DEPU necessa the fun 5 may TO FUNE Health | | 230 | BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cly or Town) | (County) (State) |
| | F F | | | netrolle, to ft i | , ,, |
| | | | 24 | FUNERAL DIRECTOR RODER'S E. WILLIAM FUNDERS HOUSE | |
| | VR A15ME (5) | 1, | | 4308-Suitland, Rd. Suitland, Md. patUL 7 1969 gcharle | to Judge. |
| | TOWNEY INDO | 14 | _ | | |



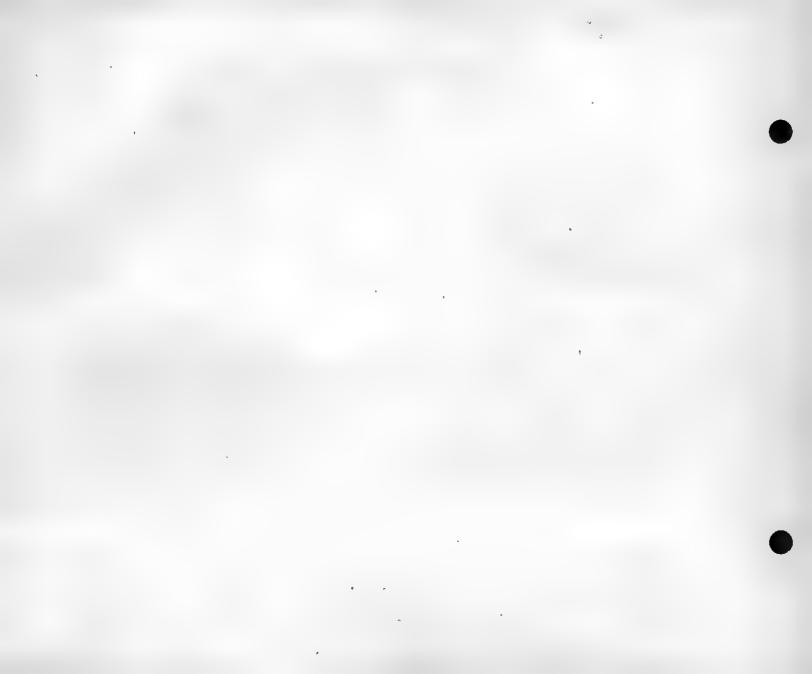
| 16 -1 / | MARYLAND STATE DEPARTMENT OF HEALTH | |
|--|--|---|
| 1 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | 00001 |
| FOR STATE | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08864 |
| HEALTH DEPT. | 1 DECEASED NAME Figst Middle Lost 20. DATE KNOWN Month (Type or Print) CO. DATE KNOWN MONTH (Month OF ESTI | Day 2 / Year 4 20, HOUR |
| delay is and 3 to 43. Page tment of | 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years FUNDER YEAR IF UNDER ZH HRS 2c. DATE PRONOUNCED DEAD lost birthdory) MONTHS DAYS MOURS Minh Magath | 2d HOUR |
| ny del 2, and PM3. | 70 BIRTHPLACE (Stote or foreign 7/2 CITIZEN OF WHAT COUNTRY? 8 MARRIED ANSVER MARRIED 9. COUNTY OF DEATH | Year 1963 A M |
| orm orm | country marland us is willowed Divorced Divorced Leoz | SCO Md. |
| firer deoth any delay Give Poges 1, 2, and 3 ong with form PM3. Pourh the State Department | | 126 KIND OF BUSINESS OR |
| Give the time of time of time of the time of t | 130 USUAL RES DENCE (Where deceased lived, if institut on. Residence before 13c CITY OR TOWN 13d INSIDE CITY LMTS? 13e STREET AND NUMBER | curais anaug |
| 0 00 Ta ≥ 00 11 | Odmission) STATE 13b SOUNTY SEO THERESE YES NO 40 5 Brooker | 10st 10st |
| 14 hours | inknown Elizabeth Cisal | (03) |
| | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (type grye ways ordages of service) ADDRESS (90 | S. Toronson |
| | IB. CAUSE OF DEATH (Enter only one cause pertine for (a), (b) and (c).) | APPROXIMA E INTERVAL BETWEEN ONSET AND OFATH |
| ould be executed word "pending" in he Chief Medicol Esial-tronsit permit. Fi | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Caronary Alisandesis | minute |
| be exe | Conditions, if any, which gove is rise to immediate couse (a). | |
| on on | storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| of the short of th | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) | |
| is certificate slate, writing the forwarded to e used as a bure removal, and it | 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION | 20. AUTOPSY? |
| | 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 3 or Part 2, In | YES NO D |
| | 21o. EXTERNAL CAUSE WAS 21b. TIME OF IN.URY Month, Doy Yeor HOUR A M. 19 21c. HOW INJURY OCCURRED (Enter nature of in ury in Port 1 or Port 2, In Poly Injury Occurred) (Enter nature of in ury in Port 1 or Port 2, Injury Occurred) (Enter nature of in ury in Port 2 or Port 2, Injury Occurred) (Enter nature of in ury in Port 2 or Port 2, Injury Occurred) (Enter nature of in ury in Port 2 or Port 2, Injury Occurred) (Enter nature of in ury in Port 2 or Port 2, Injury Occurred) (Enter nature of i | em 18) |
| 医 * 2 = 5 | 21d INJURY OCCURRED 21e PLACE OF INLURY (At home, form, street, while at work AT work AT work at work) 21d INJURY OCCURRED 21e PLACE OF INLURY (At home, form, street, foctory, office building, etc.) | County State |
| ICAL EX execution of the control of | 220. I certify that I took charge of the remains described above, held on Autapsy, Inspection, Inquiry | and in my opinion |
| pleose e I directon retained DIRECT ior to bu | deoth resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner | |
| y, ple erol di se ret RAL D | SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE | SIGNED 169 |
| necessary, please execute the funeral director. Page 4 5 may be retained for yoge 70 MINERAL DIRECTOR. Page Health prior to burial, crem | EXAMINER'S NAME (Type) DAYTON NATKINS DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUT | |
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| 00 | 24 FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 250 RECT BY REGISTRAP CO 256 PEGETRAPS | Elegan Berge |
| VR A15ME (5) 10)04 | 4308-Suitland, Rd. Suitland, Md. | (/ V |



| _ /. | 1 4 | temio Filmgil 3 MARYLAND SIATE DEPARTMENT OF HEALTH It ms 13222 Film | # 415 7-31-6 |
|--|---------------|--|-------------------------|
| 67 | 6 | 16/69 The DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTEAND 21201 | 08865 ami |
| FOR STATE | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 0000 |
| HEALTH DEPT. | | DECEASED NAME First Middle Lost 20. DATE KNOWN Month | Doy Year 2b HOUR |
| ny delay is 2, and 3 to PM3. Page | ' | Type or Print) Madge Elaine Payne OF ESTI- DEATH MATERIX 6-1- | -69 197:35amm |
| 9 m g | 3 5 | EX 4 RACE S DATE OF BIRTH 6 AGE (In years 1 IF JUDER 14 HRS 24, DATE PRONOUNCED DEAD | 2d HOUR |
| ab B & E | T. | emale White 22 Feb 1924 45 YRS MONTHS OAYS MOURS MIN. Morth Doy | 65° 1910:25amm |
| Par Par | | BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH | 07 1910 JAJIM |
| | COU | ntry) | |
| gges fo | 10 | Pennsylvania U.S.A. | Md Not business on |
| Vitto 17 | 10. | | Driv Cleaning |
| 1.2/6_考_// | 10 | theveriv Frince George Hospital | Company |
| offer death B. Give Pag along with with the Sta | 130 | USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN .3d. WISIDE CTY LIMITS? 13e. STREET AND NUMBER | |
| 2 2 2 3 | | Maryland Prince George's Hyattsville 15 No 5304 Chesapeake | Street |
| 24 hours after death in Item 18. Give Pages rr's Offine along with far es Lands with the State es Lands with the State uss after death. | 14 | FATHER S. NAME First Middle Lost IS MOTHER S. MAIDEN NAME First Middle | Lost |
| 24 n th | | Clarence S. Farliegh Mary E. | Snyder |
| hin 24 nal in niner's pages haurs | 160 | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS | |
| within 24 hours pencil in Item 15 xaminer's Office 19 ille pages 1 and 27 hours after d | S | (es, no, or unknown) 1 (there one works of service) 168 18 9316 John T. Payne Same as # 13 | |
| d with the in the Example of File in 72 | | IB CAUSE OF DEATH (Enter only one couse per line for/o), (b) and (c)) | APPROXIMATE INTERVAL |
| be executed "pending" in itef Medicol E nost permit. Fevent within | | PART I DEATH WAS CAUSED BY. | BETWEEN ONSET AND DEATH |
| xec din ded hed hed | | IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF | |
| e e e e e e e e e e e e e e e e e e e | | Conditions for which gove) Parl moving my change & congression | |
| d b d b d b d b d b d d d d d d d d d d | | rise to Immediate couse (a), (b) | |
| should be en ward "per or the Chief I burral-transit I in any ever | | storing the underlying couse Due 10, or as a consequence of lost Etiology undetermined | |
| sh to the burn | | | |
| INER: This certificate should be executed within 24 in enertificate, writing the ward "pending" in pencil in should be farwarded to the Chief Medical Examiner's files. 3 should be used as a burnal-transit permit. File pages notion, or removal, and in any event within 72 haurs | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
| iffica iffing order 3 as | No | | |
| certification of write or work moved | B | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20. AUTOPSY? |
| MINER: This the certificate, 4 should be four files. e 3 should be the smotion, or ren | CERTIFICATION | | YES 🔀 NO |
| iffice I be | | 21o. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite HOW A.M. | /m 18.) |
| INER: TI ne certifica should by files. 3 should I | ਭ | PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19 | |
| XAMINER: te the certi ge 4 should your files. oge 3 shoul cremotion, | MED | 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town | County State |
| ute th age 4 your Page 7, | | WHILE NOT WHILE of foctory, office building, etc.) | |
| | | 22a. I certify that I taak-charge of the remains described above, held on Autopsy 🔼, Inspection 🔼, Inquiry | , and in my apin'an |
| y, please executed director. Page retained for the prior to buried, prior to buried, | | death resulted from. Notural causes X. Accident, Surcide, Hamicide, Undetermined manner (| |
| REC POLITICE | 1 | | |
| please e l director retained L DIRECTOR | | ACTUAL CHIEF MEDICAL EXAMINER CONTROL OF THE PROPERTY OF THE P | CHENER |
| UTY, eroll be be prii | | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b DATE S DEPLITY MEDICAL EXAMINER C-2- | |
| DEPUTY Scessory, ie funeral may be musy be FUNERAL | | I EXAMINER Y | *09 |
| necessary, please extremely function of the fu | | NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, cty, town, or county) | |
| 5 | 230 | PEMOUN (Specific | (County) (State) |
| | | | P.G. Md. |
| 0 | 74 | FOR EAST OF SECOND ADDRESS 250 RECD BY REGISTRAR 250 REGISTRAR S | IGNATURE |
| VR ALSME (S) | | Francis Gasch's Sons Hyattsville, Md. WIIN 6 1969 Therefore | . (L. 100 |



| V 1 | | MAKTEAND STATE DEPARTMENT OF WITAL RECORDS, 301 W. PRESTON STREET, BA | | |
|--|---------------|--|--|--|
| FOR STATE | | 08872 MEDICAL EXAMINER'S CERTIFICAT | | 08866 |
| HEALTH DEPT. | | CEASED NAME First Middle Lost | 20 DATE KNOWN TO ME | anth Doy Year 2b, HOUR |
| 3 ta 3 ta 40 ge | (| ype ar Print) Carl H Pec. | 0, 1511 — | -29-69 195:25amm |
| delay and 3 | 3 5 | X 4 RACE S DATE OF BIRTH 6 AGE (In years if UnDER 1 1764 | R F JNDER 24 HRS 2c DATE PRONOUNCED DEA | AD 2d HOUR |
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| - CA . O | 70 | IRTHPLACE (State or foreign 7b cit ZEN OF WHAT COUNTRY? 8 MARRIED MINEVER | | |
| S 2 3 | COOL | TOTAL OF THE | DIVORCED Prince George | |
| after death B. Givertages along with far with the State | 10 (| TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospingly street address) | 12a USLAL OCCUPATION (Kind of work di during most of working life, even if refire | ane 12b K ND OF BUSINESS OR ed) INDUSTRY |
| | | Chaverly Prince George Hospital | balesman | 11000111 |
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| w thin 24 haurs pencil in Item 1 xaminer's Office ile pages 1 and 2 72 haurs after d | [4, 3 | | | Los# |
| hin 24 noth in niner's pages haurs | 160 | Edward Peck Et. VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT | hel Tower | |
| thin min pag | | as no of Jaknown) [ft was give war or detes of service] OO8-10-2559 Dais: | | 120 |
| f w t n pe Exan File | | | V G. Feck. Same as | APPROXIMATE INTERVAL |
| be executed "pending" in nief Medical E nisit permit. F event within | | 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) PART I DEATH WAS CAUSED BY UNMAND ATE CAUSE (a) Gun shot wound of brain | n | BETWEEN ONSET AND DEATH |
| xec ndin Med Med | | MMMED ATE CAUSE (a) GOTH STIGE WOULD OF DEATH | 1.5 | |
| pe e per lef / lef / lef / | | Canditians, if any, which gave | | |
| P to op of | | rise to immediate couse (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | | |
| shauld be on the ward "per on the Chief burial-transit in any ever | | last (c) | | |
| INER: This certificate should be certificate writing the ward should be farwarded to the Chiles. 3 should be used as a burial-transfer, or remayal, and in any | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA | AL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| certificate writing the inwarded to used as a mayal, and | N N | | | |
| certity write write with a second with a sec | CATE | 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | | 20. AUTOPSY? |
| This se to be to b | CERTIFICATION | | Accumpant to | YES 🔀 NO |
| VER: Till certification or trian, or triangle. | | PRIMARY FOR CONTRACTIONS HOUR & M | OCCURRED (Enter nature of injury in Port 1 or Par | rt 2, (fem. 18.) |
| NER Ser cer should files. | MEDICAL | CAUSE OF DEATH 3:00am 6-29- 1969 Shot see 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Str | elf at home | County State |
| ≥ + + + ∘ ; | | wenter Not white of foctory, office building, etc.) AT WORK AT WORK ST. AT WORK S | 44 | 200119 31018 |
| | | | | |
| EXECUTE | | 220 1 certify that I took charge of the remains described abave, held an A. death resulted fram: Natural causes Accident Suicide | | y, ond in my opinion |
| N in | | | CHIEF MEDICAL EXAMINER | iner pa |
| 4-5-9 | | ACTUAL ACTUAL | | DATE SIGNED |
| ary, nero be pr | | JIVIIATORE JILU. | DEPUTY MEDICAL EXAMINER | 6-30-69 |
| O DEPUTY necessary, p the funeral S may be re O FUNERAL Health pria | | | ADDRESS(Street, city town, or county) | |
| To To He | 230 | BURIAL, CREMATION, 1 23b. DATE 23c NAME OF CEMETERY OR CREMATORY | 23d LOCATION (City or Tawn) | (County) (State) |
| · | | removal (Specify) / 7.5.69 Ascutney Cemete | | |
| No. 22777 | | FUNERAL DIRECTOR ADDRESS Wash. | | RAR S SIGNATURE |
| VR A15ME (5 10M REV 1/68 | | ee Funeral Home. 300. 4th st N E D C. | MHUL 7 1969 /cla | rles Judge |



| _ | - 1 | 40000 | | NO STATE DEPARTMENT O | | |
|--|-------|---------------------------------|--|--|--|--------------------------------|
| - | | 08833 | DIVISION OF VITAL RECORDS | , 301 W. PRESTON STREET, BA | ALTIMORE, MARYLAND 21201 | 08867 |
| | | 77(1) | | CERTIFICATE OF DEAT | | 00001 |
| · Cal | | . DECEASED-NAME F | rst Mrddle | | | |
| t des | | | | De Lost | 2a. DATE OF DEATH | 2b HOUR |
| 8 (268) | | PRAIV | C15C0 | FENA | JUNE 19 | 1960 4 3AM |
| 5 2 5 | e [3 | SEX | 4 RACE | S DATE OF BIRTH | 6. AGE (In years | IF UNDER I YEAR F JNDER 24 HRS |
| the the soft | E | MALE | CAUCASIA. | MARCH 2 | 0,1900 rast b ribsay) yes | MONTHS DAYS HOURS HIN |
| hours of the state | l li | a BIRTHPLACE (State or foreign | 76 CITIZEN OF WHAT COUNTRY? | | 9 COUNTY OF DEATH | |
| hour. | | auntry) | | 8 MARRIED X NEVER MARRIED | | / |
| within 2, ho ben popers. | - | CORY | COBA: | WIDOWED DIVORCED | PRINCE GE | ORGES Md |
| i≡ ∰ g-j≡ | الده | O. CITY OR TOWN OF DEATH | II NAME OF HOSPITAL OR I | vSTxTUTION (If not in haspital 2a l | JSBA. OCCUPATION (Kind of work done | 12b KIND OF BUSINESS OR |
| · · · · · · · · · · · · · · · · · · · | 74 | CHEBERLY | TRINES GEO | RE-ECEFU OF | Mast of working life, even if retired) | ELECTRIC CO. |
| A party | -/ jī | 30 USUAL RES DENCE (Where cer | eased lived, it institution. Residence before | 13c CITY OR TOWN 3d INS DE C | TY LACTOR 130 STREET AND NUMBER | Three Wie Co. |
| ecuted within 2.7 completely filled ove carbon pope y event, within 7 | | driss on) STATE | PRINCE GEORGE | | NO 0 9504 Ph Sil | 1 |
| executed within 2, hours after death and completely filled in by the canadamove corbon papers. Pages 1 canadamy event, within 72 hours after dearn | // F | 4 FATHER S NAME First | | | - 4304 Un Jula | MI AUF |
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| ne be exercise on a color of color on any ond in any | / L | MANUEL | . FENA | CARLOT | A ARANCI | |
| physician ond completely fen please remove corbon oval, ond in any event, with | / | 60 WAS DECEASED EVER IN U.S. | ARMED FORCES? 166 SOCIAL SECURITY | MRS AIDE AL | VAREZ 16064 F | 12000 |
| , FE SE | | Yes, na, or unknown) (16 yes 9 | ve war ar dates at service) | = MRS AIDE AL | NAKET IGARIA L | A MANAGER |
| cerre | F | 18 CAUSE OF DEATH (Enter | only one cause per line for (o), (b) and (o | 13 | 131,2 | APPROXIMATE INTERVA. |
| ne death cer attending p permit. The | | PART I. DEATH WAS CAL | | | | BETWEEN ONSET AND DEATH |
| enc mit or | | IMMI , many | DATE CAUSE (0) Tulmona | my month cum | cre. | days |
| aff on, | | 1000 | DUE TO, OR AS A CONSEQUENCE OF | | | |
| the the sit p | | Canditions, if any, which gar | (1) (b) Carcinon | a metastasin | of the huma. | |
| thol an. by i | | rise to immediate couse (couse) | /- | | 3 | |
| / # # # # # # # # # # # # # # # # # # # | | lost | 1) Hepato | | | |
| OR ATTENDING PHYSICIAN: The low requires that the death be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attendinge 3 should be detached for use as the burial-transit permit. I ed with the State Dept. of Health prior to burial, cremation, or ren | | | CONDITIONS CONTRIBUTING TO DEATH BUT | | | |
| b p p p p | | 7 Corps | | NOT KELATED TO THE TERMINAL DISEASE | OKTONDITON GIVEN IN PART I(a) | |
| Z Ping | 1 | 5 777 | | | | |
| The low ottendin has bee se os the prior t | VI | 190 DATE OF OPERATION 1 | b. CONDITION FOR WHICH OPERATION WAS P | ERFORMED 200. AUTOPSY? | 20b. IF YES, WERE FINDINGS C | ONSIDERED IN CERTIFYING |
| the bett | 4 I | E | | YES NO | CAUSES OF DEATH? | |
| Ar or ate | | | YING 21b. TIME OF INJURY | 21c. HOW INJURY OCCURRED (E | nter nature of injury in Part 1 or Port 2, | Item 18.) |
| Hand Hand Hand Hand Hand Hand Hand Hand | | OR CONTRIBUTING CAUSE OF I | EATH HOUR A.M. Month Day Yea miner) P.M. | | , | |
| Sp ds dried feet | | ☐ OR CONTRIBUTING ☐ CAUSE OF I | | ACTORY 1 21f LOCATION Street or R.E.D. | | |
| PHYSICIAN: le hospital or his certificate stached for u Dept. of Heal | ı | While Nat while at wark of wark | 18. PLACE OF INJURY (AT HOME, FARM, STREET F. OFFICE BUILDING, ETC | 211 LOCATION Street of K P.D | Na City or Fown | County State |
| و الله الله الله الله الله الله الله الل | | at wark of wark | | | | |
| by Sto | | 22a. I certify that (I) (| this hospital) attended the decease alive on JUNE /0 ve, (I) (we) (did) (did nat) view the | ed from SEPT 20, 19 | 965, ta JUNE 10, 19 | (eg, that (!) (we) last |
| ed Ped Ped Ped Ped Ped Ped Ped Ped Ped P | | saw the deceased | alive on JUNE 10 | 1964, and that in (my) (our) | opinian death occurred an the do | ite and haur and from the |
| ATTENDING etoined by th CTOR: After t should be de ish the Stote | | | ve, (i) (we) (ala) (ala hat) view the | badyratter death. | | |
| R A A A S S S S S S S S S S S S S S S S | 7 | 22b. SIGNATURE | 000 | ATTENDING 1 | MED STAFE 22c. | DATE SIGNED |
| OR DIRE | / [| Mafant | 6. Luckan M. | DEGREE PHYS | DIRECTOR PHYS D | me 13, 1969. |
| A P I | | 22d PHYS CIAN S | | 22e ADDRESS | 4 ~ | |
| PIT m 25 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | NAME (Type) RAF | AEL C. INCLAS | 3308 00 | age Park Rd. Md | 20785 |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death ceriffical Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then play should be filed with the State Dept. of Health prior to burial, cremation, or removal, | 2 | 3a BUR AL CREMATION 23 | DATE 23c NAME OF | CEMETERY OR CREMATORY | 23d LOCATION (City or Town) | (County) (State) |
| Pag Pag dire | Ţ, | A. DEMOVAL (Concesso) | 27 3 | NOTON NATIONAL | Carron length with | (Caunty) (State) |
| 5-5 | ~ "H | FUNERAL D RECIDE | Annarcia Landina | | D BY REGISTRAR 256 REGISTRAR S | NRYLAND |
| VR A15 | No. I | A CIL DIVID | ac Ca Quest | 1.7 | | |
| 45M 1\2 | P. Li | TOWNEY | RS. (O. KIVERDA | LE, Mb DAWU | N 1 9 1969 Plan | la Judge |



| · 1 | Them 6 Film G 41 DIVISION OF VITAL RECORDS, | ID STATE DEPARTMENT OF HEALTH | DVI AND 01001 |
|--|--|---|---|
| | 7/2/65 11w 08874 | CERTIFICATE OF DEATH | 08868 |
| £ 72€/ | I. DECEASED-NAME First Middle | Lost 20 DATE O | |
| offer deoth | (Type or print) Eugene J. | Plummer | Month 06 17 69 8:15 M |
| a 5/8 | 3 SEX 4 RACE | S DATE OF BIRTH | 6 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS |
| N / *** | Male Negro | 05-28-07 | BED HOURS MIN DAYS HOURS MIN |
| bour by | 70. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARR ED 9 COUNTY O | FDEATH |
| d in pers. | Maryland U.S.A. | WIDOWED & DIVORCED Prince | e Georges County, Md. |
| executed within 24 hours decorpletely filled in by small and carbon papers. Peony event, within 72 hour | TID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR IN | AND Mem. Hospital 120 USJAL OCCUPATION and Mem. Hosp. Unemplo | (Kind of work done 12h KIND OF B CHIECE OF |
| with with with with with with with with | 130 USJAL RESIDENCE (Where deceased live), if institution Residence before | 13c CITY OR TOWN 13d INSIDE CITY LIM. TS? 13e C | |
| e executed withing and completely firemave carbon nony event, with | gamsson) State No County Maryland Prince Georges | 1 | reet and Number 26 40th Street |
| e exe | 14 FATHER'S NAME First Middle Last | 15. MOTHER'S MAIDEN NAME First | Middle Last |
| 2 5 5 | Holloman Plumm | er Susie Or | r |
| ate icio | 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY | NO. 17 INFORMANT | Address |
| ertificate be physicion then please novol, and in | | | n,1301 Saratoga Av.,NE |
| at the death cer the attending p nsit permit. The motian, or remo | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY | | APPROX MATE INTERVAL BETWEEN ONSET AND DEATH |
| he death attendir permit. ian, or re | (MMEDIATE CAUSE (o) | and and | TOP 212 |
| he of per | DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave | Mar en la soni | , |
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| fav endi s be os t | 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PE | 7 | YES, WERE FINDINGS CONSIDERED IN CERTIFYING |
| The law recontending I has been a see as the this prior to be the this p | 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PE | YES NO NO CAUSE | S OF DEATH? |
| HYSICIAN: The law rehospital or attending scerificate has been ached for use as the lapt. of Health prior to be | | 21c HOW INJURY OCCURRED (Enter nature of inju | ry in Part 1 or Part 2, Item 18) |
| A September 100 A September 1 | (If either, natify medical examiner) P.M. | 9 | |
| DING PHYSICI by the hospitu ffer this certif be detached i State Dept. of | | CTORY.) 21f. LOCATION Street or R F.D. No. City | or Tawn County State |
| the det | at wark at wark | 1 12 19 | 1 12 60 |
| DIN by Mfter Stat | 22a. I certify that (1) (this haspital) attended the decease | ed from | , 19 , that (I) (we) last |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for 3se as the should be filed with the State Dept. of Health prior to | saw the deceased alive an couses stated above, (I) (we) (did) (did not) view the | 9, and that in (my) (our) opinion death obody after deoth. | occurred on the date and hour and fram the |
| EG SP | 22b SIGNATUREN | ATTENDING MED | STATE 22c DATE SIGNED |
| Direction of the period of the | 9 VIIII LUUGUA N | DEGREE PHYS. DIRECTOR L | STAFF PHYS D |
| ITAI noy AL pog pog pog | 22d. PHYSICIAN'S NAME (Type) | 22e. ADDRESS | |
| NER Tor, | | | |
| TO HOSPITAL of Page 4 moy b Page 4 moy b TO FUNERAL D director, page should be file | 230 BURAN (REMAT ON, REMOVAL (Specify) 6-23-69 230 NAME OF BUTLATE | CEMETERY OR CREMATORY 230 LOCATIO | ON (C ty ar Tawn) (Caunty) (State) |
| | 24 FUNERAL PORECTOR ADDRESS | 250 REC'D BY REGISTRAR | 24DZRAJSTRAS SIGNATURE |
| VR A15 (2) | Kluin Funeral Homes 301 | V-12 of TE 2 UN 2 6 1965 | 3 June 19 July 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| 1,3 | | | ` ` |

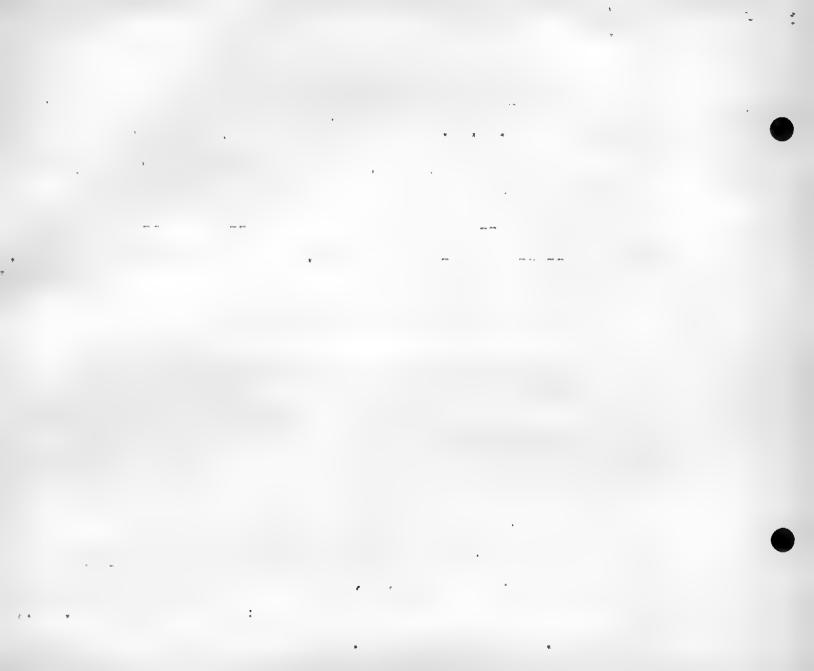


| _ | MAKTLAND STATE DEPARTMENT OF HEALTH | | | | | | |
|--|-------------------------------------|---|---|--|---|-------------------------------------|--|
| | | OOOME | DIVISION OF VITAL RECORD | S, 301 W. PRESTON STREET, BALTI | IMORE, MARYLAND 21201 | | |
| | Ш | 08875 | | CERTIFICATE OF DEATH | | 08869 | |
| ± _2± | | ECEASED-NAME First | Middle | Last | 20 DATE OF DEATH | 2b HOUR | |
| death. eral ond 2 death. | (| Type or print) Eliza | hoth | Proham | Month Do | Yeor -6 M | |
| in America | 3. 9 | EX - | 4 RACE | S CATE OF BIRTH | 6. AGE (In years | IF UNDER YEAR IF UNDER 24 HRS. | |
| s after | | 7- | W | 4-14-18 | lost buthday) | MONTHS DAYS HOURS MIN | |
| hound hound | 70. | BIRTHP ACE (Stote or foreign | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9 COUNTY OF DEATH | | |
| in 24 hr iffed in popers. hin 72 h | | UA. | U.S.A | WIDOWED DIVORCED | Prince & | eorge Md | |
| The law requires that the death certificate be executed within 24 hours after death oftending physicion. The speen signed by the attending physician and completely filled in by the formal se as the buriol-transit permit. Then please remove corban papers. Pages and the prior to buriol, cremotion, or remover and in any event, within 72 hours after death. | 10 | CITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL OR guye treet address) | during me | L OCCUPATION (K nd of wark done ast of warking life, even if ret red.) | 12b KIND OF BUSINESS OR INDUSTRY | |
| cuted worth | 13a | USUAL RESIDENCE (Where decen | sed lived, if institution. Residence before | e 13c. CITY OR TOWN 13d INSIDE CITY J | OUSE WIFE MISS 130 STREET AND NUMBER | | |
| executed with ond completely f remove corban nony event, with | oan | ission) STATE Md. | 130 COUNTY Charle | S ROCKPOINT YES NO | | | |
| ond a remo | 14 | FATHER'S NAME First | M-ddle Lost | 15. MOTHER'S MAIDEN NAME F | irst Middle | Lost | |
| e be | | VAY | Huo | Ison E | lizabeth | GARd | |
| physician of the please over; and in | 160 | (er, no or unknown) (if yes give | MED_FORCES? var or dates of service) | Y NO. 17 INFORMANT | Address | | |
| to the service of the | F | ID CAUSE OF BEATH (Later on | ly one cause per one for (a) (b) and | | | APPROX MATE INTERVAL | |
| attending attending permit The | L | PART I DEATH WAS CAUSE | D BY | June 1 BK | 1804 | BETWEEN ONSET AND DEATH | |
| attend attend permit ion, or | | IMMEDI. | ATE CAUSE (a) | smar ev. | UR SIA | 5 ments | |
| the all | П | Conditions, if any which gove | DUE TO, OR AS A CONSEQUENCE | OF . | cufficiens | 7, 3 | |
| of the said motification | | r se ta immediate cause (o), | (b) | nay in | reffecen | no mo. | |
| Sequires that the d physicion. signed by the att. burral-transit perr burral, cremation. | ı | storing the underlying couse lost | DUE TO, OR AS A CONSEQUENCE (| a de orien of | distant | 3 mm. | |
| physic physic signed burnol | L | PART 2 OTHER SIGNIFICANT CO | DITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE OR O | ONDITION GIVEN IN PART 1(0) | lei soleiro. | |
| re ing | I z | All | returned tell | polopoline toole | 11 Blood de | ELANA C. U. | |
| la be | I S | 19a. DATE OF OPERAT DN 19b. | CONDITION FOR WHICH OPERATION WAS | PERFORMED 200 AUTOPSY? | 206. F YES, WERE FINDINGS | CONSIDERED IN CERTIFYING | |
| N: The law re or ottending the hos been ruse as the salth prior ta | CERTIFICATION | U | , | YES NO | CAUSES OF DEATH? | | |
| afe leaf | | 21a. ACCIDENT WAS UNDERLYIN | | 21c HOW NJURY OCCURRED (Enter | nature of injury in Port 1 or Part 2, | item 18.) | |
| YSICIAN: The law re aspiral or ottending certificate has been thed far use as the pt. of Health prior ta | MEDICAL | OR CONTRIBUTING CAUSE OF DEAL | H HOUR A.M. Month Day Yenner) P.M. | or 19 | | | |
| R ATTENDING PHYSICIAN: The law re retoined by the haspital or ottending ECTOR: After this certificate hos been 3 should be detached far use as the with the State Dept. of Health prior ta | × | 21d INITIRY OCCURRED 21a | | FACTORY.) 21f. LOCATION Street or R.F.D. No. | City or Town | County Stote | |
| the horthis detacle | L | While Nat while at wark at work | | | | 1 - | |
| DING J by t After J be c | 1 | 22o. I certify that (I) (th | is haspital) attended the decec | sed from 196 | 7. to 62/1, 19 | of, that (I) (we) last | |
| ATTENDING Proined by the CTOR: After to should be do with the Stote | L | saw the deceased a | live an (did) (did not) view th | 1967, and that in (my) (our) opi | nion death occurred on the d | ote and hour ond from the | |
| Short Him | П | 22b SIGNATURE | s, (if (we) (bio) (did flot) view iii | | T 22, | DATE SIGNED | |
| OR JRE | ı | 12 | bol Kital | DESTREE PHYS. DI | ED STAFF PHYS. | DATE SIGNED | |
| AL D Page | ı | 22d. PHYSICIAN S | 2 - 2 - 2 | 22e. ADDRESS | | A | |
| TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retoined by the haspital O FUNERAL DIRECTOR: After this certifica director, page 3 should be detached for should be filed with the State Dept. of He | L | NAME (Type) | KALD K. | MANNIND CL | INTON, M | 112 | |
| HO age FUI irec | 230. | BURIAL, CREMATION, 23b. REMOVAL (Specify) | DATE 23c NAME C | F CEMETERY OR CREMATORY | 23d LOCATION (City or Town) | (Caunty) (Slote) | |
| 5-5-2 | 24 | 1 | en 1,61 | | 1 alpaper | Va. | |
| VR A15 (4) 45M 1/69 | 24 | FUNERAL DIRECTOR | ADDRE | SS Euckeeper on 250 RECD BY | REG STRAR 256 REG STRAR | SIGNATURE | |
| 45M 1/69 | 5 | Welds On | versal 14on |) LA DATE | 7 1909 | may freedown . | |



| * | | -47. *** | | 18876 DIVISIO | | · · | | STREET, BALTIMOR | | AND 21201 | | no. | 870 | |
|------|--|---|---------------|--|--------------------------------------|--|------------------------------|---|-----------------------------|---------------------------|-------------------|-----------------------------|------------|------------|
| 1.19 | FOR ST | ATE | L. | | | | R'S CE | RTIFICATE OF | DEATH | | | UO | 3 (1) | ' |
| 37 | HEALTH | DEPT. | | ECEASED-NAME Fir | st | M ddle | | Lost | | 20 DATE KNOWN OF ESTI- | Month. | Day | Year | 26 HOUR |
| | lay is 3 ta Page | 0 | | Re | onald | Henry | | Pounsberry | | DEATH MATED | | 4-69 | 19] | 2:30pm |
| | P P | nen | 3 5 | EX 4 RACE | S DATE OF | BIRTH (6 A) | GE (n years it birthday) | IF JNDER YEAR IF UN MONTHS DAYS HOUR | DER 24 HRS. | 2c DATE PRONOU Manth | | Yen | , | 2d HOUR |
| | No S | art. | | Male White | | | | | | 6 | 24 Poy | 69 Year | 19]2: | 30pmm |
| 4 | | Department of | /a. | BIRTHPLACE (Stote or foreign | | WHAT COUNTRY? | | RIED DONEVER MARRIED | _ | NTY OF DEATH | | | | |
| • | Pages pages with far | ⊕ ⊕ | | Try OR TOWN OF DEATH | | NAME OF HOSPITAL OR I | | WED DIVORCED | | ince Geo | | Tage Ring | 200 0 10 | Md. |
| | | \$ | 10 (| | gıv | e street oddress) rince Georg | MOTHUM | (1) Mor in naspirol 12 | ryng mast ot | CJPATION (Kind o | nuficational) | 12b KINI INDUSTRY Bus | O. O. | KISS OR |
| | G've | [] | 130 | Cheverly JSUAL RESIDENCE (Where dece | read lived of our | rince Georg | Te Ho | or town list inside | | I3e. STREET AND | | Bus | ino | 38 |
| | | deal | 0 | dmsson) SIATE Marviand | 135 COUNTY | Coomes to | TImme | r Marlboro | | Box 22 | | | | |
| | haurs Item 11 Office | Land 2 after o | _ | ATHER'S NAME First | Mrd Mrd | die Last | Lobbe | IS MOTHER'S MA DEN NA | ME First | DOX 22 | Middle | | Last | |
| | | l and 2 | | Henr | | - | | 13 MOTHER 3 MM DEA MM | - Incar | | middle | f | Prou | |
| | n 24 il in ier's | pages | lóa. | WAS DECEASED EVER IN U.S. ARMED | | 166 SOCIAL SECURITY | _ | 7 INFORMANT | | ΔΩ | DRESS BOX | 22 | 56 | |
| | INER: This certificate shauld be executed with n 24 in certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's floe | | (1 | | re war or dates of service | 220-3436 | -43A | Mrs.Rose | Ire | | sberr | W - | | Md. |
| | d w | unal-transit permit. File in any event within 72 | - | 18 CAUSE OF DEATH (Enter of | nly one cours ne | | | | | | - Upp | or | FROX MAT | POLO |
| | ore g | permit. | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | ED BY | Occlusion of | of ri | tht coronary | arte | rv | | 8(1) | WEEN ONSET | AND DEATH |
| | executed inding" in Medical E | per t | | 4109 | DUE TO | OR AS A CONSEQUENCE O | Hemo: | rrhage into | ather | osclerot | ic pla | oue | | |
| | pe | ever | | Conditions, if ony, which gave | | | | rotic heart | | | * . | - | | |
| | Par Service | I-tra | | rise to immediate couse (a) stating the underlying couse | | OR AS A CONSEQUENCE O | | | | | | | | |
| 0 | shauld ward the C | bunal-transit in any ever | | lost. |) (e) | | | | | | | | | |
| 0 | the state of | | 2 | PART 2 OTHER SIGNIFICANT CON | DITIONS CONTRIB | UTING TO DEATH BUT NO | T RELATED | O THE TERMINAL DISEASE | OR CONDITIO | N GIVEN IN PART | (a) | | | |
| 3 | vertificate writing the | as al, a | | Lym | phocytic | leukemia - | ove: | r 1 month | | | | | | |
| 4. | wri | d be used as a b ar remaval, and | CERTIFICATION | 190. DATE OF OPERATION | | 19b. CONDITION FOR WAS PERFORMED | | RATION | | | | 20. | AUTOPSY | (? |
| | his ate, e fo | be t | RIFF | | | | | | | | | | YES [3] | NO 🗆 |
| | Tife of b | | 1 CE | 21o. EXTERNAL CAUSE WAS PRIMARY [7] OR CONTRIBUTING | 1216 TIME | OF INJURY Month, Doy Ye : A.M | or 2 | HOW INJURY OCCURRED | (Enter notur | e of njury in Parl | I or Part 2, 1 | tem lé) | | |
| | VER cer cer | should tran, ar | MEDICAL | PRIMARY OR CONTRIBUTING CAUSE OF DEATH | | P.M 19 | | | | | | | | |
| | 医生4 5 | . co 5 | 24 | | PLACE OF INJURY actory, affice buil- | (At hame, form, street, ding, etc.) | 2 | If LOCATION Street or R.F.D. | No | City or Town | | Caunty | 1 | State |
| | L EXAMINER tecute the cer Page 4 shaw | | | AT WORK AT WORK | | | | | | | | | | |
| | _ <u> </u> | ERAL DIRECTOR: I | | | | | | , held an Autopsy 🗷 | | pection 🔼, | Inquiry [| _ | nd in m | ny opinion |
| _ | blease edirector | S bu | | death resulted fram: | Natural et | ruses 🔀 , Accuden | nt [], | Suicide [], Hom | rade 🔝, | Undetermin | ed monner | | | |
| | please direct | - E | | ACTUAL /_ | 4 | 11. 1 | | | CAL EXAMINE | | 001 PART | CLONER | | |
| | ITY IY, eral | RAL | | SIGNATURE | 1111/ | 1477 | | | MEDICAL EXA DICAL EXAMII | | 22b. DAT 1 | -24- | 69 | |
| | necessary, please ex the funeral director. | FUNERAL | | examiner's NAME (Type) John K | ehoe MD | Riverdal | n Ma | | | vn, or county) | | ~~~ | <u> </u> | |
| | o o o o o o o o o o o o o o o o o o o | O FUNE Health | 23a | BURIAL CREMATION 23 | DATE | | | OR CREMATORY | | LOCATION (City of | Town | (County) | 21 | itate) |
| | - | - C* | B | production to to . | /27/69 | | | Chapel Ce | | Seat Pl | | | | |
| | | 64 | | FUNERAL DIRECTOR | , – 1, – , | ADDR | | | EC D BY REG | | REGISTRAR S | SIGNATUR | Ł | |
| | VP A | 15ME (5) REV 1/68 | R | itchie Bros. | Upper | Marlboro | , Md | .20870 DATE | UL | 7 1969 | yclian | elas S | reda | e. |

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08871 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. 1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy 1060 (Type or Print) Wesley Powell. John DEATH MATED delay 6 AGE (In years F JHDFR 1 YFAR IF HNDER 24 HRS 3 SEX 4. RACE S. DATE OF BIRTH DATE PRONOUNCED DEAD .69 Doy 7 3 15 Aug 1888 M W 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Store or foreign MARRIED DEEVER MARRIED 9. COUNTY OF DEATH Vermont U. S. A. WIDOWED [DIVORCED [77] Prince George the State 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR a ve straet oddress). during most of working life, even if retired.) INDUSTRY Prince George Hosp Cheverly 130. USUA. RESIDENCE (Where deceosed lived, it institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY JAN 157 13e STREET AND NUMBER odmission) STATE 13b. COUNTY Prince George Brentwood YES _ NO X 3928 Allison St. and 2 ofter 14. FATHER'S NAME Middie IS. MOTHER'S MAIDEN NAME Fifst First Midale £05† Powell Mary Unknown) James haurs pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 3928 in pencil Allison St. (Yes, no, or unknown) (I was give war or dates of service) Christine Powell 116 APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per ane for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Metastatic carcinoma IMMEDIATE CAUSE (0) ... DUE TO, OR AS A CONSEQUENCE OF over 10 mos Bronciogenic carcinoma Cond.t ons, if ony, which gove rise to immediate couse (a), the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) В writing GS remayal, nsed 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO IS 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of miury in Port 1 or Port 2, Irem 1B) g 21b TIME OF INJURY Month, Dov. Year 0 PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21f, LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, Ctv or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection D. Inquiry 🛣 and in my apinian death resulted fram Natural causes Undetermined manner Accident Suicide | Hamicide HIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE pe ., Riverdale, Md DEPUTY MEDICAL EXAMINER 💂 Kehoe, M **EXAMINER'S** ADDRESS(Street, city, lown, or county) NAME (Type) 0 2301 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Spet fy) 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE Minutes Judge 1969 VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08878 08872 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month Day Rose Ε. Powe11 1969 6:50 3 SEX 4 RACE S. DATE OF BIRTH D UNDER : YEAR 6. AGE (in years last birthday) Negro 03-07-01 Female. 7a BIRTHPLACE (State at foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED WIDOWEDXX D VORCED Prince George's 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12g USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR event, with pleose remove corbon INDUSTRY Cheverly ottending physicion and completely sermit. Then please remove carbor 130. USUAL RESIDENCE (Where deceased lived, f institution, Residence before 13c City OR TOWN that the death certificate be executed 13h COUNTY Prince George Landover No MD 1925 Belle Haven Dr. burial, cremation, or removal, and in ony 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Last 160 WAS DECLASED EVER IN L.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes, no or withown) [() yes give war or dates of service) Melva Edwards 18 CAUSE OF DEATH (Enter any one cause per line for (a) (b), and (c))
PART I DEATH WAS CAUSED BY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH permit. IMMEDIATE (AUSE (o) Massive cerebral infarction, right DUE TO, OR AS A CONSEQUENCE OF signed by the burial transit p Conditions, if any, which gave) (b) Pulmonary emboly, left rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Pulmonary edema PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to Ca of Pancreas with metastasis to liver old age 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g AUTOPSY? CAUSES OF DEATH? NO [Page 4 may be retained by the hospital or 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d NURY OCCURRED City or Tawn County State While Not while at work TO HOSPITAL OR ATTENDING 22a. I certify that KM(this hospital) attended the deceased from May 19 22b SIGNATURE 22c. DATE SIGNED STAFF PHYS 6/13/69 DEGREE PHYS. DIRECTOR 22d PHYSICIAN S 22e. ADDRESS NAME (Type) C. Xavier, M.D. Prince George's General Hospital 23a BUR AL REMATION. 23d LOCATION (Cuty or Town) ((County) (State) REMOVAL (Specify) 25b REGISTRAR SIGNATURE DATEUN



| _ 1 | | | | NO STATE DEPARTMENT O | | |
|--|---------------|--|---|---|---|---|
| 1 Marie | | 08879 | DIVISION OF VITAL RECORD | S, 301 W. PRESTON STREET, B/ CERTIFICATE OF DEAT | | |
| | | 1101010 | | 08873 | | |
| death. heral and 2 death. | | CEASED-NAME First type or print) | Jaliam Middle | Property Pro | ut 20. DATE OF DEATH Month 2 | 2b. Hour |
| | 3 SE | x m | 1 RACE NEGRO | S. DATE OF BIRTH 8-26-9 | 6. AGE (in years | FUNDER LYEAR IF UNDER 24 HRS MOINTHS DAYS MOURS MIN |
| haurs hours | 7a. 1 | BIRTHPLACE (State or fareign | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED | 9. COUNTY OF DEATH | 2 |
| - 05 | caur | Truland | U.S.A. | WIDOWED X DIVORCED | PRINCE GOOR | / 6:0.5 |
| within 2 within 2 within 7 | 10 (| ITY OF TOWN OF DEATH | 11 NAME OF HOSPITAL OR give street address) | | USUAL OCCUPATION (Kind at wark dane g mast of working life, even if retired | 126 KIND OF BUSINESS OR |
| 2 22 4 | | USUAL RES. DENCE (Where dece | osed fived, if institution. Residence before | e 13c. CITY OR JOWN . 13d HIS DEC | | |
| cample caye can | odm- | ssion) STATE MARYL | INVESTO COUNTY Prince Geo | rees BOWIE YES | NO□ BOX 404 | RFD#1 |
| be ex and a crem | 147 | athers name First | Middle Lost | 15 MOTHER'S MAIDEN NAM Slayabett | | ost |
| t.ficate hysician n pleas val, anc | | WAS DECEASED EVER IN U.S. AI es, na, ar unknawn) (II yes give | RMED FORCES? 16b SOCIAL SECURIT | YNO 17 INFORMANT Jean P. Tri | mble - daugh Tex | -13106-1173+ |
| PHYSICIAN: The law requires that the death certificate be executed with e haspital ar attending physician. his certificate has been signed by the attending physician and cample elystached far use as the burial-transit permit. Then please remove carbon Dept. at Health priar to burial, cremation, ar removal, and in any event, with | | Conditions, if any, which governse to immediate cause (a) stating the underlying couse lost. | DUE TO, OR AS A CONSEQUENCE (c) | Öselerosis) | | APPROXIMATE MYERVAL BETWEEN OBSET AND DEATH |
| AN: The law requires all ar attending physici icate has been signed for use as the burial. | CERTIFICATION | | DIDITIONS CONTRIBUTING TO DEATH BUT b. CONDITION FOR WHICH OPERATION WAS | NOT RELATED TO THE TERMINAL DISEASE PERFORMED 200. AUTOPSY? | 1,7 | CONSIDERED IN CERTIFYING |
| The atternation has he as | THO | | | YES NO | CAUSES OF DEATH? | |
| PHYSICIAN: The law rate haspital ar attending this certificate has been eleached far use as the compart of Health priar ta | MEDICAL CER | 21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (1f either, natify medical exam | ATH HOUR A.M. Manth Day Yeniner) P.M. | ar 19 | Enter noture of injury in Part 1 or Part 2 | 2, Item 18) |
| PHYS he has this ce tetache toppt. | W, | 21d. INJURY OCCURRED While Not while at work of work | e PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC. | FACTORY.) 21f LOCATION Street or R.F.D. | No City or Town | Caunty Stote |
| O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by arrector, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health priar to burial, cre | | 22a. I certify that (1) (1 saw the deceosed causes stated above 22b SIGNATUIE | his haspital) attended the deced olive on ve (I) (we) (did) (did nat) view th | _19, and that in (my) (our) e bady after death. | opinion death accurred on the c | 9, that (I) (we) last date and hour and fram the |
| TO HOSPITAL OR ATTEN Page 4 may be retained FOR FUNERAL DIRECTOR: director, page 3 shauld should be filed with the | | 22d. PHYSICIAN'S NAME (Type) | Jamsa 1 | D. DEGREE PHYS 220 ADDRESS | MED. STAFF DIRECTOR PHYS | |
| A n NER Tor, | | | | | | |
| TO HOSPITAL Page 4 may fo FUNERAL I drrector, pag should be fil | B | REMOVAL Repetity | 7/2/69 ASC | ension Catholic | | e, Maryland |
| VR A15 0 | | tungkan director fune | ral Home-4001 E | 250. River and PN. H | LE SALES SEGISTRAR | S Chatterings : |

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08880 CERTIFICATE OF DEATH 08874 910 guq PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTX b. COUNTY MARYLAND b CITY OR TOWN (If outside carparate limits C LENGTH OF STAY IN 16 corporate limits, write RURAL and give nearest town) write RURAL and give negrest tox 24 hours Ko mo d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitally give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? event, within 72 YES THE NO C NAME OF DATE Middle carbon First last Month Day Year tompletely DECEASED OF DEATH (Type or pnnt) The law requires that the death certificate be executed SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR UNDER 24 HRS 7 MARRIED NEVER MARRIED remove last birthday) Manths Days Haurs ond in ony QLA WIDOWED DIVORCED puo 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CIT ZEN OF WHAT ease during most of working life, even if retired) INDUSTRY physician 14. MOTHER'S MAIDEN NAME attending phys burial, cremation, or removol, ONFORMAN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) signed by the burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (n) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if only, which gave (b) nse to immediate couse (a). DUE TO stating the underlying cause prior to hos been last. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION of Health NO this certificote Į0 20g. ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year 20e, PLACE OF INJURY (Hame, farm, (€ty ar tawn) (State) (Caunty) Hour o.m factory, street, office bldg., etc.) While Not While at work at work þę 21 I certify that (I) (this hospital) attended the deceased from 1960, that (1) (we) last should and that death accurred at PM, from causes and on the date stated above saw the deceased alive an O FUNERAL DIRECTOR: 220 SIGNATURE DATE S GNED director, poge 3 should be filed v MD. DIRECTOR PHYS PHYS 22c PHYSICIAN 22d **ADDRESS** NAME (Type) DATE THEREOI 24. FUNERAL DIRECTOR REC D 25b VR A15 (4) 25M 1/67



| | | | | | | MAKYLAN | D STATE D | DEPARTMENT (| OF HEALT | TH | | | |
|-----|---|----------|---|---------------|------------------------------------|------------------|-------------------|----------------------|-----------------|---|-------------|------------------------|---------------------------------|
| 1 | 1 | | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | | | | 0887 | 08875 | |
| | | | CERTIFICATE OF DEATH | | | | | | | | | • | |
| | € -2€ | | ECEASED NAME Type or pont) | First | | Middle | | Lost | 20 | DATE OF DEATH | | | 2b. HOUR |
| | r death uneral 1 and 2 | ١ ١ | | Mary | | Α. | Qui | nn | | June | 30 Day | 1969 | 11:35Pm |
| | fur fur fer | 3. 5 | X | 4. | RACE | | 15 | DATE OF BIRTH | | 6 AGE (In y | rears | IF UNDER YEAR | EF UNDER 24 HRS. |
| | s of | L. | Female | | Whit | e | | 7/4/1888 | 3 | last biothd | gy) YRS | MONTHS DAYS | HOURS MIN |
| | and and | 7a. | BIRTHPLACE (State or fores | gn 7b. (| OTIZEN OF WHAT CO | | B MARRIED W | NEVER MARRIED | 9 COL | NTY OF DEATH | | | |
| | 24 nours after death d'introperté funeral pers' Pages I and 3 | - CUU | Penna. | | U.S.A. | | WIDOWED [| DIVORCED [| | Pr.Geo. | | | Md |
| | 0 0 0 | 10. | ITY OR TOWN OF DEATH | | 11 NAME OF | HOSPITAL OR INS | ST TUTION (If not | in haspital 12a | | JPATION (Kind of war | | 126 KIND OF | BUSINESS OR |
| | boo p p p p p p p p p p p p p p p p p p | | everly | | Prin | ce Geor | ge's Ge | n. Hosp | "Hous | AME Les en au 11 1 | efired) | I HWO! | Home |
| | | 13a | USUAL RESIDENCE (Where ission) STATE | deceased hy | ed, if institution Re 3b_COUNTY | es dence before | PA CH DRY | SV11136 INSIDE | C TY LIMITS? | 13e STREET AND NU | MBER | | |
| | TO WE SEE | L. | MD | 1. | Prince G | eorge's | | iinier "ES | . МО 🗌 | 2506 0น | leens | Chapel | Rd. |
| | ond ond in an | 1 | FATHER'S NAME First | | Middle | Last | | MOTHER'S MAIDEN NA | ME First | A | Aiddle | | Last |
| | se din | _ | John | | M(| | | Mary | | | | Trac | y |
| | th certificate I Jing physician Then pleose removal, ond |]6a | WAS DECEASED EVER IN U | S. ARMED FO | | OCIAL SECURITY I | | FORMANT | 24.5 | | ddress | | |
| | phy en en | L | 'es, no or unknown) (II) | 0.00 | Т; | 96-01- | 677B-E | s Hosp | ltar | Records | • | | |
| | h ce Th | | 18 CAUSE OF DEATH (E | nter only one | cause per line for | (a), (b) and (c) |) | | / | | de | APPROXIA BETWEEN OF | MATE INTERVAL NSET AND DEATH |
| | end mut or r | | | MMEDIATE CA | USE (a) | ulnu | man | 14601 | e uc | a all | ML | | |
| | off off on, | | 4109 | | DUE TO, OR AS A CO | ONSEQUENCE OF | . 1 | 1 00 | | 1. | | | |
| | that the d an. by the oth ronsit per cremation, | | Conditions, fany, which ise to immediate causi | 0 (0) | (b) | YOCA | ende | ·a/ 111 | tau | CAM | | 1 | Year |
| | physician. signed by the ottending physician signed by the ottending physician buriol fronsit permit. Then please buriol, cremation, or removal, and i | | stoling the underlying i | | DUE TO, OR AS A CO | ONSEQUENCE OF | / | f : | / | | | - | |
| | equires th physician signed by buriol tro buriol, cre | | (d) UK Je Diosole 468 is | | | | | | | | | | |
| 2 | | | PART 2 OTHER SIGNIFICA | NT CONDITIO | NS <u>CONTRIBUTING T</u> | O DEATH BUT NO | OT RELATED TO | THE TERMINAL DISEASE | ORCONDITIO | ON GIVEN IN PART 1(a |) | | |
| 1/1 | the law re ottending has been se os the | š | 190. DATE OF OPERATION | I tal. count | 7100 500 11111111 | | | | | | | | |
| 1/1 | wa wo z | FICATION | 190. DATE OF OPERATION | 196 CUNUI | TION FOR WHICH OP | ERAT ON WAS PEI | REORMED | 20g AUTOPSY? | | 20b IF YES, WERE FF CAUSES OF DEATH? | NDINGS CO | INSIDERED IN CE | RTIFYING |
| | or office had use alth p | GRT | 21a ACCIDENT WAS UND | EDI VING | 216 TIME OF INJUR | NV. | 61. 1101 | | | | | | |
| | IAN: 1 al or ficate for us Healt | | TO OR CONTRIBUTING TO CAUSE | OF DEATH | HOUR A.M. Mon | ith Day Year | 216 HUW | V INTURY OCCURRED | (tnter nature | at injury in Port I o | r Port 2, 1 | tem IB.) | |
| | HYSICIAI hospital c certifice oched fo spt. of Hi | MEDICAL | (If either, notify medical 21d INJURY OCCURRED | examiner) | P.M. | 19 | | 171011 | | | | | |
| | by the hospii from this cert for this cert be detoched State Dept. of | | While Not while of work | 218 FLACE | OF INJURY (OFFICE | BUILDING ETC. | 10K1.) 217 EOO | ATION Street or RFE | 3. Na | City or Town | | (aunty | State |
| | OR ATTENDING P be retoined by the DIRECTOR: After thi is 3 should be dest ed with the Stote Di | | 22a L sortifu that / | I) (this ha | and Matterdad | the decease | d from 2007 | mu i | 10 / 6 | · () | 30.10 | lat Alan | 11) ()) |
| | NDIN ed by Affer Id be | | 22a. I certify that (| sed alive | spiral) afterided | i ing quere a se | 20 tram Zxx | that in (my) (nur) | apinian d | legth accurred on | 14 dat | e and hour | (I) (We) last |
| | ATTEN etoine CTOR: should | | couses stated o | bove (I) | (did) (did n | at) view the l | bady after de | ath | финан | | inc agr | C GHG HOU! C | mo man me |
| T | OR ATTENDING be retoined by the IIRECTOR: After the 3 should be d ed with the Stote | | 22b SIGNATUSE | /// | 10/11 | Alle |) | ATTENDING 🔀 | MED | STAFF | 2200 | ATE SIGNED | |
| | rat or noy be At DIRI poge 3 pege 3 | | 11211 | | 4/4 | 100 | DEGREE | PHYS | MED D RECEOR | PHYS. | 1 / | apl, | 1969 |
| | IFAI moy tAI po po fi | | NAME (Type) | 2 4 1 | + 1 | 1/00 | Da HI | 22e ADDRESS | RI | B (1 | 70 | An Co | likelo |
| | A n AER | _ | | 2171 | 7 7 | | en ju | 1 3 701 | 700 | uer u | w. | 10.0 | Tide |
| | TO HOSPITAL OR ATTENDING PHYSICI Poge 4 may be retained by the haspit O FUNERAL DIRECTOR: After this certif director, page 3 should be detached should be filed with the State Dept. of | 230 | BURIAL, CREMATION, | 235 DATE | . / 1060 | 23c NAME OF I | CEMETERY OR CI | REMATORY Hanover | 23d | LOCATION (C ty or To | wn) | (County) | (State) |
| | 5 5 | 24 | FUNERAL DIRECTOR | July | 4,1969 | ADDRESS | lary 's | | | | | | , Lann |
| | VR A15 (4) 45M - 1/69 | 24 | Nallevis 1 | Funer | al Home | | Rainia | 259 W | D BY REGIS | 1969 1969 | HSTRAR S | SIGNATURE . | - |

| 1 | | 00000 | DIVISION OF | | | | EET, BALTIMO | RE, MARYLAND 21201 | | |
|--|-----------------------|--|--|---|------------------------|-------------------|-----------------|--|-------------------------|------------------------------|
| | | 08882 | | (| ERTIFICA | TE OF D | DEATH | | 0887 | 6 |
| death. | | CEASED-NAME First ype or print) Eva | в. | Middle Randa | all | Last | 20 | 5. DATE OF DEATH 6 Month 7 D | oy 69°01 | 2ь HOUR 6:45рм |
| and the state of t | 3 SE | x female | 4 RACE White | | | DATE OF BIR 10/15 | | 6 AGE (In years last bathday) | MONTHS OAYS | IF UNDER 24 HRS HÖLRS MIN |
| 4 hours I in by ees. Pe | 70 10°44 | BIRTHPLACE (State or foreign Inginia | 75. CITIZEN OF WHA | AT COUNTRY? | 8. MARRIED [| | 1001 | OUNTY OF DEATH rince George | 18 | Md. |
| within 24 hours within 72 hours yethin 72 hours | | ity or town of DEATH Riverdale | en 11 Let | ME OF HOSPITAL OR INS regi address Memo | TITUT ON (If rat | in haspital | 12a USUAL OC | CUPATION (Kind of wark done working life, even fretired) | 126 KIND OF INDUSTRY | BUSINESS OR |
| ·/ @ = ± · | | USUA. RESIDENCE (Where deceas | ed lived, if institution | | 13c OTV OR TO S Lan | | YES NO | 13e STREET AND NUMBER 9221 Alcor | na Stre | et |
| | 14. 1 | ATHER S NAME First John | Middle | Abel1 | 15 | MOTHER'S MAI | DEN NAME First | Middle lary | | Last |
| Ifficate of year, on year, ond | | WAS DECEASED EVER IN U.S. ARM | IED FORCES? or or dates of service; | 16b. SOCIAŁ SECURITY I | | ormant elyn G: | riffith | 5308 Wilkens | Dr Camp | Springs |
| requires that the death certificate be exerging physician. In signed by the attending physicion on the e buriol-transit permit. Then please remain oburial, cremation, ar removal, and it ampliants. | | IB. CAUSE OF DEATH (Enter on PART) DEATH WAS CAUSE! IMMEDIA Candit ons, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT COM | DUE TO, OR AS | A CONSEQUENCE OF | 0 | | | The I (la bjo) | BETWEEN | MATE NITERVALL |
| DING PHYSICIAN: The low requires a by the haspital or attending physicial the haspital or attending physicial for use as the buriolise of the Olympian of Heolth prior to burial, | MEDICAL CERTIFICATION | 210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin | G 215 TIME OF HOUR A.M. P.M. | Manth Day Year | 21c HOW | | ио 🔀_ | 20b. IF YES, WERE FINDINGS CAUSES OF DEATH? ure of injury in Port 1 or Part ! | | Stote |
| OR ATTENDING Peretoined by the IRECTOR: After the 3 should be dedowith the Stote | | While at wark at wark 22a. I certify that (I) (the sow the deceased a couses stated above 22b SIGNATURE 22d PHYSICIAN'S NAME (Type) | s hospital) gite | AT HOME, FARM, STREET, FACOFFICE BUILDING, ETC. | ed from and | that in (my |) (our) opiniar | n death accurred an the | , | |
| TO HOSPITAL Page 4 moy b TO FUNERAL D director, page 5 should be file | | | 1-1969 | Cedar I | CEMETERY OR CO | metery | | | | (Store) |
| VR A13, 73, 45M - 1, 56M | | funeral directorRobert 308 Suitland Ro | | | | | DATE UN 1 | GISTRAR 256. REG, STRAI | S SIGNATURE | lat. |

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| * 1 | Jt. | ems 18&32a Film 415 MARTLAND STATE DEPARTMENT OF HEALTH 51-69 ams Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|---------------|---|----------|
| FOR STATE | | 10000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08877 | |
| HEALTH DEPT. | | ECEASED NAME On DATE KNOWN Month Doy Year 12h | HOUR |
| ₹ 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | ſ | Type or Print) Victor Andrew Randall DEATH MATED IX 6-23-69 19 1:00 | |
| <u> </u> | 3 5 | X 4 RACE S DATE OF BIRTH 6 AGE (in years I FUNDER 1 YEAR FUNDER 24 HPS 2c DATE PRONOUNCED DEAD 2d | HOUR |
| \$ € € 1€ | M | ale Negro 12-15-1921 47 YRS MONTHS DAYS HOURS MIN Month 2007 6919 8:22 | TORTON |
| n, 2, 2, or epod epod epod | 70 | BIRTHPLACE (State or foreign 7/2) (TITZEN OF WHAT COUNTRY) IR MARPIED TO FOREIGN OF DEATH | P-21101 |
| ie D | COUN | Maryland U.S.A. WIDOWED DIVORCED Prince George's | Md |
| orth Page Ith 1 | 10 0 | ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (it not in hospital 1720 USJAL OCCUPATION (Kind of work done 172b KIND OF BUSINESS (| OR |
| hin 24 hours ofter deoth ny nicer's office along with farm spages I and 2 with the Stote Depart hours ofter deoth. | | Cheverly Prince George Hospital during most of working ife, even if retired) INDUSTRY | |
| of the long of the | 130 | SVAL RESIDENCE (Where deceased lived if institution Residence hefore 13c NTPK-64-TOWN 13d MSIGE CITY DM.15? 113e STREET AND NIIMBER | |
| hours ofte Henry 19. Gr Office alon 1 and 2 with | | dm ssion) STATE 13b (OUNTY Brince George's Brentwood YES NO 4504 Banner Street | |
| hours Office Office offer o | 14 ₹ | ATTEK S MADE FILST MADDIE LOST TS. MOTREK S MAIDEN NAME FILST MADE LOSS | |
| 2 2 2 2 | | Victor L. Randall, Sr. Frances | |
| ncol (in niner), inery poges hours | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS es, no, or unknown) (If yes give wer or dotes of service) | |
| | | margaret M. Randall - Wife | |
| ed ' m st Est Est Fin | | 18 CAUSE OF DEATH (Enter on y one couse per line for (o) (b) and (c).) PART I. DEATH WAS CAUSED BY A COUSE OF DEATH (Enter on y one couse per line for (o) (b) and (c).) | d Aĭ∺ |
| executed and minding and medical I permit. | | PART I. DEATH WAS CAUSED BY Acute intoxication (ethyl alcohol) | |
| exe end mend if po | | DUE TO, OR AS A CONSEQUENCE OF | |
| be l'p | | Conditions, if only, which gove (b) (b) | |
| rord rord se (ol-h | | stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| should be e re word "per to the Chief I buriol-transit i in ony even | | lost (c) | |
| | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONVENTION GIVEN IN PART I(0) | |
| tifico iting arde d os /a¹, o | 8 | 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY2 | |
| Cer Orw Use | 18 | WAS PERFORMED? | |
| AL EXAMINER: This certifexecute the certificate, writ no Page 4 shauld be forward for your files. TOR: Page 3 should be used unal, cremotion, or remova | CERT F CATION | YES 210. EXTERNA. CAUSE WAS 216 TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, tem 18) | |
| Partie in the state of the stat | | PRIMARY OR CONTRIBUTING HOUR A.M. | |
| INER: the cert shoul files. 3 shou | MEDICAL | CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No (ity or Town County 5) | tote |
| de d | _ | 21d INJURY OCCURRED WHILE AT WORK AT | Ole |
| JICAL EXAMINER: sleose execute the certi- director Page 4 shauld etained far your files. DIRECTOR: Page 3 shou ir to burial, cremation, | | | |
| CAL exe exe or F d fa d fa | | 22a. I certify that I taak charge of the remains described above, held on Autopsy 🔼, Inspection 🛂, Inquiry 🔲, and in my apideath resulted from: Natural causes 🔀, Accept 🔲, Suicide 🗍, Hamicide 🗍 Undetermined manner 🗍 | nian |
| pleose e l'd rector retoined L DIRECTOR | | | |
| ar retor | | ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER 22b. DATE SIGNED | |
| UTY. | | 500 MILE - 100 MILE - | |
| O DEPUTY necessory, it the funeral 5 may be in 7 FUNERAL Health price | | NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town or county) | |
| TO DEPUTY necessory, it the funeral 5 may be r TO FUNERAL Health pro | 230 | BURGAL CREMATION 230 DATE 230 NAME OF CEMETERY OR CREMATORY 230 LOCATION (City of Town) (Country (Store) | |
| | | Burial 6-27-69 Harmony Memorial Park Prince George, Maryland | |
| | 24. | FUNERAL DISTINCT. Rhines Co. Funeral Home 250 RECID BY REGISTRAR 256 REGISTRAR S SIGNATURE | |
| VR A15ME (18) | | 3015 12th Street, N. E. DATUUN 3 0 1969 Volume Queles | |
| 1/1 3/1 | - | CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE | |



MAKTLAND STATE DEPARTMENT OF HEALTH

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| | | 08885 | DIVISION | V OF VIIAL REC | | FICATE OF I | | E, MARYLAND 21 | 201 | 088 | 7.9 |
| 4 | | ECEASED NAME First (ype or pant) | | Midd | le | Last | 2a. | DATE OF DEATH | | | 26 HOJR |
| death | L. | Doro | thy | | Ε. | River | a | Month 6 | ⁰ 27 | 6'9" | 1:40 % |
| | 3 SE | | 4 RACE | | | S DATE OF BIR | | 6. AGE (In ye | ars F. | JNDER , YEAR | IF UNDER 24 HRS. |
| | _ | Female | | White | | 03-0 | 2-07 | 62 | YR5. | aing Data | MIN CHURS |
| | | BIRTHPLACE (State or foreign | | OF WHAT COUNTRY? | PROSECT | RIED 🔀 NEVER MARR | IED 9. COL | JNTY OF DEATH | | | |
| | _ | md . | | SA | | VED DIVORO | | Prince Georg | | | Md |
| 7 | 1 6 | THY OR TOWN OF DEATH | | II. NAME OF HOSPIT give street address) | | | during most of | UPATION (Kind of work working life, even if re ousewife | (done 1 | 126 KIND OF 8 INDUSTRY Home | USINESS OR |
| _ | 3o admi | USUAL RESIDENCE (Where deceo- ission) STATE | ed lived, if 4 13b. COU | JNTY . | Geo Rog | | YES NO NO | 13e STREET AND NUN | ABER | | |
| i i | 14, 1 | FATHER S NAME First | | ddle | Last | 15 MOTHER 5 MAI | DEN NAME First | M | rd pla odle | ice | Last |
| | | Jose | ph A F | 'ortenbaug | gh | | Dorothy | Hartman | | | |
| | 160 | WAS DECEASED EVER IN U.S. ARI | AED FORCES? | | ECURITY NO | 17 INFORMANT | - | | dress | | |
| | | es no or unknown) (If yes give v | rai or agles of serv | , , | | Fernan | do L Rive | ra Hyat | tsvil | le, Mo | |
| | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA | ly ane cause D BY ATE CAUS E (a) | 1100 | inc av | rhithuce | a | | | APPROX'M BETWEEPON | ATE INTERVAL ISET AND DEATH |
| | | Conditions, if any, which gave | | OR AS A CONSEQUE | NARY | INS UFF | ICIENC! | Y | | | |
| | | rise to immediate cause (a), stating the underlying cause last. | DUE TO | OR AS A CONSEQUE | ENCE OF MU | OCARDI | AL IN | PARCTIO | () | | |
| | | PART 2 OTHER SIGNIFICANT COL | IDITIONS CON | TRIBUTING TO DEAT | H BUT NOT RELATI | D TO THE TERMINAL | | | | | |
| | 2 | Deal | der | mille | - | | | | | | |
| | CERTIFICATION | 19a. DATE OF OPERATION 19b. | CONDITION FO | OR WHICH OPERATION | WAS PERFORMED | 20a AUTOP | SY? | 20b. IF YES, WERE FIN | DINGS CONSI | IDERED IN CE | RTIFYING |
| { | III FI | | | | | YES 🗀 | NO 📉 | CAUSES OF DEATH? | | | |
| | | 210. ACCIDENT WAS UNDERLYIN | | IME OF INJURY | 21 | c. HOW INJURY OCCU | RRED (Enter natur | e of injury in Part 1 ar | Part 2, Item | 18.) | |
| | MEDICAL | OR CONTRIBUTING CAUSE OF DEAT | ner) | P.M. | 19 | | | | | | |
| | W | 21d. INJURY OCCURRED 21e. | PLACE OF INJ | JURY (AT HOME, FARM, DEFICE BUILDING | STREET, FACTORY,) 2 | f. LOCATION Street | ar R.F.D. Na. | City or Town | C | ounty | State |
| | П | While Not while at work | | | | 0 | 10 | 0 | | 0 | <u> </u> |
| | | 220. I certify that (I) (th | | ottended the | deceased has | Mine | 19 6 1, | to flue 2 | 7, 19 <u>6</u> | that | (1) we) last |
| | | saw the deceosed a causes stated above | 11V6 ON : () (we)/ | (ald) (did not) vie | w the hady of | ter death | (our) opinion | death occurred on | the dote of | and hour o | nd tram the |
| | П | 225 INGNATURE | 1 - | (did) (did not) the | | | | | 22c. DA76 | SIGNED | |
| | | Deylamen & | 1. m | uller | niD | DEGREE PHYS | MED DIRECTOR | STAFF PHYS. | 27 | rine | 69 |
| 1 | | 22d PHYS CIAN S | | | | 22e ADDR | | | 0 | | |
| | | NAME (Type) | min C | Miller | M.D. | | 3824 | | | nier, | MD. |
| . , | 23 a | BURIAL CREMATION, 23b | _ | | AME OF CEMETERY | | | LOCATION (City or Tow | | County) | (State) |
| 1 | | The last tell and the last tell and the last tell and tel | ine 30 | | Gate of | | | | | omery | Md. |
| 100 | 24. | FUNERAL DIRECTOR F. Gascl | is So | | ADDRESS Sville, | | DATE UL I | 1969 25b REG | ISTRAR'S SIGN | NAFAKÉ | L |
| | | | - | -3 0 0 | | | DATE | .000 | | 0 6 | |



| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAITHMORE, MARYLAND 21201 OSBBO CERTIFICATE OF DEATH Death of the control |
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| 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) |
| STATE OF CONTRIBUTING ☐ CAUSE OF CRATH HOUR A.M. Month Doy Year Control of Control o |
| ZId. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. 10CATION Street or R.F.D. No. City or Town County State |
| While Office Building, ETC. |
| 22a. I certify that (I) (this haspital attended the deceased from 19 , 19 , 19 , 19 , 19 , 19 , 19 , 19 |
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| (Cayses stated above, (I) (we) (dit) (did-not) view the bady after death. |
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| OF SET STAFF C. WIN G. F. E. C. W. ADRESS 230. BURIA. (REMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (Gounty) (State) |
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| death. | | DECEASED-NAME First Alleh Rock/AND 2a. DATE OF DEATH Month Day | Yeor 738 M |
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| hours in the second of the sec | | BIRTHPLACE (Stote or foreign 70 CTIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH | <u> </u> |
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| Within 24 in the poper to hon poper within 72 | 1. | city or Town of Death 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done during most of work going retired) Prince George's Gen. Hosp. | 12b KIND OF BUSINESS OR INDUSTRY |
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| aquires that the death certific physician. Signed by the attending physiburiol-transit permit. Then plantol, cremation, or removal, | | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH |
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| R ATENDING PHYSICIAN: The low requires that the death certificate be executed retained by the hospital or ottending physician. ECTOR: After this certificate has been signed by the attending physicion and comples should be detached for use as the buriot-transit permit. Then please remove conwith the State Dept of Health prior to buriot, cremation, or removal, and in any event | CERTIFICATION | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CO CAUSES OF DEATH? | NSIDERED IN CERTIFYING |
| or or us | | | em 18.) |
| Para Para Para Para Para Para Para Para | MEDICAL | OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Day Year 19 | |
| PHYS he hos this ce etache | W | 2 d INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) OFF CE BUILDING, ETC. 21 LOCATION Street or R FD. No. City of Town | County State |
| ING Py ti ter ter tate | | [22g certify that (1) (this hospital) attended the deceased from (2) (3) 19 (4) to 19 | , that (I) (we) last |
| ed Les Ald Les She | | sow the deceased alive on19 & 7, and that in (my) (our) opiniah death occurred an the date courses stated above, (I) (we) (did) (did not) view the body after death. | e ond hour and from the |
| TA Toin toin the title that the titl | П | | ATE SIGNED |
| OR A | | DEGREE PHYS DIRECTOR PHYS. | 115169 |
| PITAL moy I ERAL D | | 22d. PMYSICIAN'S NAME-(Type) = E. MUSSEY 22e. ADDRESS 10 744 C- | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 moy be retoined by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defached for use as the buriol-transhould be filed with the State Dept of Health prior to buriol, cree. | 23 a | a. BURING CREMATION, 23b-DATE, 23c-NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City of Town) REMATIAD Specify) 6/9/69 SPECIAL COMMITTEE (1/auxilian) | (County)1 (State) |
| • | 24 | FUNERAR DIRECTOR 250 REC'D BY REGISTRAR 25b. REGISTRAR 5 S | <u> </u> |
| YR A15 (4) 30M REV. 1/68 | | Cl. To, Minnich- GReencastle, JA, MIN 19 1969 Teliante | Judge. |

MAKILAND STATE DEPARTMENT OF HEALTH



| | 1 | www. 3lc,i,e, | DIVISION OF | MAKYLAN VITAL RECORDS | NU STATE DE | PARIMENI OF I TON STREET, BALT | HEALTH IN | toman 212017 | -1-E9 m | . 414 ms |
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| 4 A | | ECEASED-NAME First (ype or pnnt) | | Middle | | Last | 2a. DATE OF | | V | 2b HOUR |
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| be executed within 24 hours after death ond completely filled in by the manage in nony event, within 72 hours after death | adm | USUA, RES DENCE (Where deceo: ission) STATE | 13F CUINTA | on Residence before George 1s | MITCHIA | AN DELLIPS HEIGE CLATE | IMITS? 13e ST | reet and number 9 114/Kosé/ | 400 Rhed Home Av | |
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| die e | | LNKNO | | | | UNKI | VOW | N | | |
| that the death cert ficote be exon. by the attending physician and ransit permit. Then please removed, and in on | | WAS DECEASED EVER IN JS ART | WED FORCES? yor or dates of service) | 166 SOCIAL SECURITY | | MANT | | Address | | PRE 15D |
| phy en ova | H | V() | | NON | | 5 FRANCES | HAKE | 12 20 VE | ENBEL | AATE INTERVAL |
| ie deoth ce affending p permit. The | | 1B. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | D BY | for (a), (b), and (c) | mean | u sulu | e ball | 6 | BETWEEN OF | AZET AND DEATH |
| ne deoth affendi permit. ion, or r | | ILES V IMMEDI | ATE CAUSE (o) | - | | / | | | * | |
| t the a sit pe | | Conditions, if ony, which gove | | A CONSEQUENCE OF | Unkno | own | | | 5 d | ays |
| that on. by th rans | | rise to immediate cause (a), stating the underlying couse(| (b) DUE TO, OR AS | A CONSEQUENCE OF | | | | | | |
| equires that the d physicion. signed by the att. burial-transit perr burial, cremotion, | | last, | (c) | | Fx of | f (rt) hip | | | | * |
| r requires and physical signed as burial; to burial; | × | PART 2 OTHER SIGNIFICANT CO | NDITIONS CONTRIBUT | ING TO DEATH BUT N | IOT RELATED TO THE | TERMINAL DISEASE ORG | CONDITION GIVE | N IN PART I(a) | | |
| YSICIAN: The law re ospital or ottending certificate has been they for use as the lat. of Health prior to be | CERTIFICATION | 190 DAVE OF OPERATION 196. | CONDITION FOR WHILE | HOPERATION WAS PI | ERFORMED | 20a. AUTOPSY? | 10.11000 | YES, WERE FINDINGS | CONSIDERED IN CE | RTIFYING |
| - ** 自己在80年/X | RTIFI | 6/17/69 1 | X M | ah) Kr | 10 | YES NO | V | OF DEATH? | | |
| ICIAN: The pital or of the of Health | | 21a ACCIDENT WAS UNDERLYING (ALCAUSE OF DEA | HOUR AM | Month Day Year | | NJURY OCCURRED (Ente | | | Item IB) | |
| rspit Sspit certii hed t. of | MEDICAL | (If either, notify medical examing 21d INJURY OCCURRED 21e | PLACE OF INHURY | June 15 i | 969 Pt | fell in th ON Street or RFD No | e Nurs | ing Home | Caunty | State |
| ATTENDING PHYSICIAN: etained by the hospital or CTOR: After this certificate should be detoched for uith the State Dept. of Healith the State Dept. | | While Nat while at wark at work | Nursing F | off CE BUILDING, ETC V i | 11a Rosa | 2 | | hellville | | Md. |
| DING by t ifter flee of State | | 220. I certify that (I) (the sow the deceased of | is hospital) attel | hand the deceas | ed from 6 | | (1 4, to | 8 / 20, 19 | $\frac{69}{}$, that | (I) (we) last |
| R. A | | conses stated above | ive on | did not) view the | body after deat | መ in (my) (our) opi h. | nian deoth (| occurred on the d | ate and hour (| and from the |
| ECTO Showith | | 226 SIGNATURE | VI a Do | 71 | | 1 | ven — | STAFF (22c | DATE SIGNED | 110 |
| DIR DIR Jed 3 | | 971 | // was | <u> </u> | DEGREE | | RECTOR | PHYS . | 6/17 | 169 |
| O HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital O FUNERAL DIRECTOR: After this certifica director, page 3 should be detoched for | | 22d. PHYSICIAN'S NAME (Type) | HINF | DER | | 220. ADDRESS | rel. | mary | Panel | , |
| HOS ige / Fun Pould | 23a. | BURIAL, CREMATION 235 | DATE | 23c NAME OF | CEMETERY OR CREA | AATORY | 23 t LOCATIO | N (City ar Town) | (County) | (Stote) |
| 24 2 7 | 73 | REMOVAL (Spec fy) | 1-23-6 | 9 Forthe | | Mittenson | Col | COLL DATE | | arytand |
| VR A19-14) | 24 | FUNERAL DIRECTOR | 1. N. O. | ADD RESS | 11 | 2Sa. REC DAB | Y REGISTRAR 23 199 | 25b REG STRAR | S SIGNATURE | er. |



| | | tem23 FilmGlill MARYLAND STATE DEPARTMENT OF HEALTH | |
|--|---------------|--|---|
| | 7/ | 1/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | 08883 |
| FOR STATE | _ | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | |
| HEALTH DEPT. | | ECEASED NAME TO SOUD ON ALD Middle BOYAN Lost SCOTT to DATE KNOWN Manth ype or Print) | Day Year 2b HOUR |
| of of of | _ | DEATH MATED THE | 219 1967 100 PM |
| delay and 3 A3. Pag | 3 S | A RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD lost brinday) MONTHS DAYS HOURS MIN CAPABLE | 2d HOUR |
| iny delay is 2, and 3 ta PM3. Page | | N 1/2 135EPT. 1948 20 YRS Some 19 | 19692 M |
| 5 ~ 9 | 7o 1 | IRTHPLACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH | 2 |
| र के क | 1001 | LORISA (1SH WIDOWED DIVORCED Prince of | coneco Mo |
| fer death Give Pages ong with for the state of the state | 10 (| ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (if not in hosp to) 12 o. SSA, OCCUPATION (Kind of work done during nost of work done during nost of work done if ret red) | 126 KIND OF BUSINESS OR INDUSTRY |
| haurs after de tem 18. Give P Office along wi land 2/with the | 6 | LINION TIASE HOSP FINITEWS AT. UJ/YAVY | INCOOTE: |
| oth, ath, | 13a | USUAL RES DENCE (Where deceased I ved, if institution Residence before 13c (ITY OR TOWN 13d MSIDE CITY the 152 13e. STREET AND NUMBER INDICATED TO THE STATE TOWN 13D COUNTY 13D | |
| \$ 50 mm | | | |
| tem 18. Gi Office alon | 14, F | ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle | Last |
| Z : 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | LONALD B. SCOTTSR UNKNOWN | |
| hun 24 nocl in nineri pages haurs | 16a | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS | 1 |
| | HF | 1967-JUNE 1969 2145 78990 NAVY FILES TATUSENT KIN | ER, Md |
| Per Fill | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH |
| rmit with | | PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Froumatic Cuffburl of Slegg | |
| exe Me Me nt n | | S/ S T DUE TO, GO AS A CONSTITUENCE OF / | -101° |
| be "pe "pe "prief "pe | | Conditions, if any, which gave) Myth Klenca Berica de Kama (W | inot |
| bro ord | | rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| should be executed with second to be word "pending" in personate the Chief Medical Examburial-transit permit. File I in any event within 72 | | 10st. (a) Au Somobile accident | |
| ○ 新華克 号章 | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| is certificate to, writing the farwarded to se used as a breen removal, and | z | | |
| certification of writing and ward moved | ATIO | 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION | 20 AJTOPSY? |
| be to | CERTIFICATION | WAS PERFORMED? | YES NO |
| He to the second | L GE | 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day Year PRIMARY FOR CONTRIBUTING 1 HOUR A.M. | tem 18) |
| INER: 1 in certific should b files. 3 should nation, au | MEDICAL | PRIMARY TOR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 Reacon Callisen | |
| | ME | 21d INJURY OCCURRED 21e PLACE OF MILEY (At home, farm, street, 21f LOCATION Street or R.F.D. No. 19 or Town, while the processing of the p | OCounty/ State |
| DEPUTY DICAL EXAMINER ressary, please execute the cer e funeral director. Page 4 shaul may be retained for your files. FUNERAL DIRECTOR: Page 3 sha ealth prior to bur.al, crimption | | WHILE INOT WHILE IN TO WHILE IN THE STREET OF CHINA OF CH | n Ald my |
| Factor Page or | | 22a. I certify that I took charge of the remains described abave, beld an Autopsy I Inspection Inquiry | and in my opinion |
| TY DICAL E y, please exect eral director. Pa se retained for tal DIRECTOR: priar to bur.al, | | death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner | |
| please e I director retained L DIRECT iar to bu | | CHIEF MEDICAL EXAMINER | |
| al de la | | SIGNATURE DANGE ON ON ON ASSISTANT MEDICAL EXAMINER 22b DATE | SIGNED |
| dry dry | | EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER | 20-69 |
| o DEPUTY necessary, p the funeral 5 may be r 0 FUNERAL Health prior | | NAME (Type) DAYTON NAT KIN ADDRESS (Street, city, town or county) | |
| TO DEPUTY necessary, the funero S may be TO FUNERA Health pr | 230 | BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) | (Caunty) (State) |
| | 1 | REMOVAL (Specify) TRANSIT 6/21/69 Hillcrest Cemetery ANNAPOLIS MARY | TLAND |
| | 124 | AUDRESS 250 REC'D BY REG STRAR 25b. REGISTRAR'S | SIGNATURE |
| VR A15ME (5) 10M REV 1/68 | | JOHN M. WELCH - LEONARDTOWN.MD. DAULIN 2 3 1969 / Clean | les Judge |
| V | | | |



| | 01 |
|--|--|
| | 08884 |
| 1. DECEASED NAME First Middle Lost 20 DATE I | KNOWN Month Day Yeor 2b HOUR |
| [(Type or Print) | ESTI- MATED 12 6-18-69 191:10amm |
| 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (in years F JMDER 1 YEAR IF UNDER 24 MPS 2c DATE PI | RONOUNCED DEAD 2d HOUR |
| Female White 8-30-1883 85 YRS DATS HOURS MAR Month | 18 69", 11 30am |
| 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEJ | ATH . |
| 111100 | George's Md |
| Riverdale 6300 Riverdale Road during most of working the | egeven if retired) INDUSTRY |
| 13a USJAL RESIDENCE (Where deceased lived, if not tution Residence before 13c CTY OR TOWN 13d. NISIDE CITY J.M. 152 STREET 13b COUNTY 13d. NISIDE CITY J.M. 152 STREET 13b COUNTY 13d. NISIDE CITY J.M. 152 STREET 13b COUNTY | |
| Control of the contro | Riverdale Road |
| The state of the s | Moddle test J. Hynes |
| | J. Hynes |
| (Yes an arminimum) I for | |
| | APPROX MATE RIFERVA. |
| PART I DEATH WAS CAUSED BY | BETWEEN ONSET AND DEATH |
| DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart dis | |
| Conditions, if any, which gave (b) (b) | |
| stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| (c) | <u> </u> |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN | PART 1(a) |
| 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION | 20 AUTOPSY? |
| WAS PERFORMED? | YES NO X |
| | n Part 1 or Part 2, Item 18) |
| 21d NJURY OCCURRED WHILE NOT WHILE AT WORK 210 PLACE OF INJURY (At name, farm, street, foctory, office building, etc.) 21e PLACE OF INJURY (At name, farm, street, foctory, office building, etc.) | Tawn Caunty State |
| | } Inquiry □, and in my opinion |
| deoth resulted from: Norwal couses 🔯 , Acciden 📜 Suicide 🔲 , Homicide 🔲 , Undete | ermined monner |
| CHIEF MEDICAL EXAMINER | |
| SIGNATURE M D ASS STANT MEDICAL EXAMINER | |
| EXAMINERS | 6-18-69 |
| TOTAL MOTION IN THE COLUMN CO. | |
| REMOVAL (Specify) 6/20/69 Et Lincoln Com | ir Manor, Md. |
| OF BELLEVILLE OF | 2Sb REGISTRAR'S S GNATURE |
| Home Inc. Maryland P. padUN 2 3 1969 | yourseles Judge |
| | Sadie V. Scott Subar Subar |



| | R. | | | | O STATE DEPART | | | |
|--|---------------|--|-------------------------|--|----------------------------------|-------------------------|------------------------------------|--|
| | | 08891 | DIVISION OF V | /ITAL RECORDS, | 301 W. PRESTON S | TREET, BALTIMO | RE, MARYLAND 2120 | 1 0000 |
| -28 | | 00001 | | | ERTIFICATE OI | F DEATH | | 08885 |
| £ _2.€ | | ECEASED NAME Firs | | Middle | Lost | , 2 | O DATE OF DEATH | 2b HOUR |
| \$ (\$ 10°) | (| Type or print) | ary | E. | Sh | ank | Month | Doy Year 9 10 34 M |
| ž ([AA]) | 3 5 | | 4 RACE | | S DATE OF | | 6 AGE (In years | IF JINDER I YEAR IF UNDER 24 HRS. |
| requires that the death certificate be executed within 24 haurs after death physician. Signed by the attending physician and campletely filed joby the precipal burial-transit permit. Then please remave carban loopus. Paper burial tremstrans ar remaval, and in any event, within 72 hours die Leath | 1 | Female | cuh | H. | 4. | -11-94. | last birthday) | RS. MONTHS DAYS HOURS MIN |
| A P | 70 | BIRTHPLACE (State or foreign ntry) | 76 CITIZEN OF WHA | T COUNTRY? | 8 MARRIED NEVER M | IARRIED 9. C | OUNTY OF DEATH | |
| 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | (00 | nejers (; 1/8, 1) d. | U.S.A. | | WIDOWED DIV | ORCED 7 | ringe Gerki | 9 e≤ Md. |
| | | , | | NE OF HOSPITAL OR INST eet address) | ITUTION (if not in hospital | 120 USUAL O | (CUPATION (Kind of Apply do | ne. 126 KIND OF BUSINESS OR |
| oletely i | | linten, Md. | + tine | · 10 was Grad | ens HealthCare | Certier 9 | Houseimen | 8† INDUSTRY |
| ampleti eve carl | 13o odn | USUAL RESIDENCE (Where decedission) STATE | LIGH COUNTY | | 13c CITY OR TOWN | 13d INS DE CITY LIMITS? | 13e STREET AND NUMBER | 1 7 |
| ecuted with campletely are carbal wy y event, w | | 11/0 -4/0 | nd Prin | ce Geor | Hillcrest High | YES NO | 2504 Cole 1 | rooker Drive |
| and campresses of any event | 14 | FATHER'S NAME FIRST | M ddle | osiSh | ank is Mother's | MAIDEN NAME First | Meddie | Lost |
| o De Se l | L | Carl | ton P | 11-26/32 | K | Sa | rah | talmer |
| cate sicic plea), an | 160 | WAS DECEASED EVER IN U.S. AR fes, no, or unknown) 1 thes give | RMED FORCES? 1 | 66 SOCIAL SECURITY N | | (3) | Addres | |
| phy en ava | L | | | | Blanch | ne Shank | 2405 Fairlawn | |
| e death ce attending permit. Th an, ar remo | | 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS | inty one couse per line | for (o), (b), and (c) } | 1.1. | 110 | 1- | APPROX MATE INTERVAL []] BETWEEN OWSET AND DEATH |
| end mit. | | | PIATE CAUSE (o) | au | acus | and | Sil. | |
| ne c pen pen | | 1. 1. 1 | | A CONSEQUENCE OF | | 113 | - 1/10 | |
| the the mate | | Conditions, if ony," which gove rise to immediate cause (o). | | | ronar | 700 | cella | 7 |
| squires the physician. signed by burial-tran | | stating the underlying cause | | A CONSEQUENCE OF | . 1 / | 1 /00 | 1 11-00 | |
| quires th physician signed by burial-tra | | lost | (c) | myrc | manet | Mean | | |
| AN: The law requires that the death certificate be exe all ar attending physician. It is been signed by the attending physician and color use as the burial-transit permit. Then please remailerly prior to burial, cremation, ar remayal, and in any | | PART 2. OTHER SIGNIFICANT CO | INDITIONS CONTRIBUTION | NG TO DEATH BUT NO | RELATED TO THE TERMIN | NAL DISEASE OR CONDI | ITION GIVEN IN PART 1(o) | |
| The law ratending attending has been se as the h prior ta | NS. | 19g. DATE OF OPERATION 19b | CONDITION FOR WHICH | DED ATION WAS DED | FORMED 200 AU | TOREVA | LAGI IT WELL WEDE CHIDAN | Co Collegerer III considera |
| nte lo intendica de la constanta de la constan | CERTIFICATION | TAGE DATE OF OFERACION | CONDITION FOR WHICH | I OLEKATION MATEE | YES [| | CAUSES OF DEATH? | GS CONSIDERED IN CERTIFYING |
| er and a series of the series | | 210 ACCIDENT WAS UNDERLY | ING 216 TIME OF I | NILIDA | | | ure of injury in Port 1 or Por | 2 10 10 |
| | MEDICAL | OR CONTRIBUTING CAUSE OF DEA | ATH HOUR A.M. | Month Day Year | ZIC HOSS INSORT C | ACCOUNTS (EILIGE HOE | nie or iiilnik iii tost i os tot | Z, Nem (b) |
| PHYSICI e haspit his certif stached Dept. af | æ | (If either, notify medical exam 21d INJURY OCCURRED 21e | | T HOME, FARM, STREET, FACTI FFICE BUILDING, ETC | DRY 1 21f LOCATION Ste | reet or R.F.D. No | City or Town | County State |
| 2 2 0 - | | While Not while | · · | | | | , | , |
| DING by th After the de de State | l | 22a. I certify that (1) (t | his haspitol) atten | ded the decease | from // | 2 1967 | 7. to 6/11 | 1969 that (1) (we) last |
| ATTENDING stained by the CTOR: After I should be dith the State | L | saw the deceased | alive an | ///19 | and that in (| my) (our) opinior | death occurred on the | 19 that (I) (we) last date and haur and from the |
| M To Set | П | 22b SIGNATURE | e, (!) (we) (did) (d | id not) view the b | ody after death. | | | |
| OR ATTENION DE retained DIRECTOR: / e 3 shauld ed with the | l | 220 SIGNATURE | fred & | To be | PORGREE PHYS | DING MED | TOR STAFF | 22c. DATE SIGNED |
| y by | | 22d PHYSICIAN'S | 7 | Jugar | 22e AL | nnpecc | | |
| mo mo kal | | NAME (Type) | FRED | R.L.S. | PIN, MO | CLI | INTOX, 1 | · · an |
| O HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the | 230 | BJRIAL, CREMATION, 23b | DATE | 23c NAME OF C | EMETERY OR CREMATORY | | | (County) (State) |
| Page 4 may be retained by to EUNERAL DIRECTOR: After director, page 3 shauld be dishalf black the State of th | | BMACA (Spraty) 6 | -14-1969 | Washi | emetery or crematory ngton Natio | nal / | d LOCATION (City or Town) Suitland | PG Maryland |
| () | 24 | FUNERAL DIRECTOR ODGITE | E. Wilhel | | Home | 250 REC'D BY RE | G STRAR 25b REGISTRA | |
| VR A15 747 45M - 1/69 | 4. | 308 Suitland R | oad Suitl | and Mary | land | DATE IN 1 6 | | wells fredge |



| | 1 | | | 08892 | | | ITAL RECORDS, | 301 W. PR | | BALTIMORE, | MARYLAND 2120 |)1 | 088 | 388 |
|-----|--|----|---------------|---|-------------------------|---------------------------------|--|-----------------------------|---------------------|----------------------------|--|-------------------------|--------------------------|-----------------------------|
| | | | | It,ems#1,15 | , Tak | cen from | birth ce | EKTHIC | | | | | | |
| | # 20 # | | | CEASED NAME ype ar print) | First | | Middle | | Lost | 2o DA | ATE OF DEATH | Day | Vone | 25 HOUR |
| | 4 13 5 | ļ. | | / | Baby | | tta 91/41/ | | Shannon | | June | Ogy | 1969 | 3P M |
| | A 772 | | 3 SE | X | | 4. RACE | | 19 | . DATE OF BIRTH | | 6 AGE (In years last birthday) | | | HOLRS MIN |
| | o dage of siles | | | Female, | | White | | | 06-08-69 |) | STATE OF STA | YRS " | MARKETS LATE | 1 28 |
| | in by the ers. Pag | | 7a 8 | SIRTHPLACE (State or foreign | 76 | CITIZEN OF WHAT | COUNTRY? | 8 MARRIED | NEVER MARRIED | 9. COUN | TY OF DEATH | | | |
| | 24 lind in per 72 | | | USA | | | | WIDOWED [| DIVORCED | F | rince Geo | rge | †s | Md |
| | within 24 lely filled in paper within 72 | 1 | | Cheverly | | gwe stre | e of hospital or ins ret address). nce Georg | TITUTION (If not ge¹s Ge | n. Hospilal | USUAL OCCUPA | ATION (Kind at wark di irking life, even if retire | аве | 12b. K ND OF BO | JSINESS OR |
| | e executed within 24 ha and campletely filled in remave carban papers. n any event, with.n 72 h | 1 | 13a admi | USUAL RESIDENCE (Where dission) STATE MD | eceased | lived, if institution | Residence before George's | 13c CITY OR T | | | 3e. STREET AND NUMBER 6104 Wood | | Lane | |
| | d (exe | Ì | 14 F | ATHER S NAME First | | Middle | Last | lis | MOTHER'S MAIDEN N | AME First | Middl | 0 | | Last |
| | and and in an | | | | | | | | | Mauree | | | Shanr | |
| | ertificate be exected by the physician and control of the physician and control of the physician and t | | 16a Y | WAS DECEASED EVER IN US | | FORCES? 16 dates of service) | Sb SOCIAL SECURITY N | 17 INI | FORMANT | | Addres | | onani | an |
| 724 | t the death c the attending ssit permit. The | | | Conditions, it any, which gase to immediate cause stating the underlying colost. | mediate (a), nuse | DUE TO, OR AS DUE TO, OR AS (c) | CONSEQUENCE OF | lun | in to | or) | | | APPROX MA BETWEEN ONS | TE INTERVAL ET AND DEATH |
| 1 | TO HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, cres | | CENTIFICATION | PART 2 OTHER SIGNIFICAN | | | G 10 DEATH BUT NO | | 20o AUTOPSY? | 2 | GIVEN IN PART 1(a) 10b. IF YES, WERE FINDIN AUSES OF DEATH? | IĞS COM | NSIDERED N (ER | TIFYING |
| | CIAN: oital ar tificate d far u of Heal | | ₹ | 21a. ACCIDENT WAS UNDE ☐ OR CONTRIBUTING ☐ CAUSE O (If either, natify medical e | IF DEATH | 216 TIME OF IN HOUR A.M. | UURY Manth Day Year 19 | | INJURY OCCURRED | (Enter nature a | ∮injury in Part 1 or Pa | rt 2, lte | em 18} | |
| | physical phy | 1 | | 21d INJURY OCCURRED While Nat while of wark | | | | | ATION Street at R.F | D Na | City or Town | | Caunty | State |
| | TTENDING Dined by th OR: After cauld be d | | | couses stated a | d olive | e on 1 | Inne 18 1 | 9.69 . ond | that in (X6XA) (ou | 6969 , to r) opinion de | o June 8 oth occurred on the | 9 19 <u>6</u> e dote | 9 , that (| (we) lost |
| | OR A be reft black of a standard of standa | , | | 22b SIGNATURE | alk | 7 - | ald | DEGREE | 1112 | J MED DIRECTOR | STAFF PHYS | 22c DA | ATE SIGNED | |
| | TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: directar, page 3 shauld shauld be filed with the | | | 22d PHYSICIAN'S NAME (Type) | | | | | 22e. ADDRESS | | | | | |
| | Page Page TO FUN direct | | | Cremation | 236 DATI 6-12 | 1 - 69) | 23c NAME OF C | | s Gen. Hos | sp. Che | everly, Pr. | Geo | (Caunty) orge's, | (State) Ad. |
| | VR AIS | N | 24 1 | UNERAL DIRECTOR Harry | W. | Penn. Ji | Admin Admin | istrato | 25a R | EC D BY REGISTR | \$69 250 PERSON | ARCH | Ghadist day | agle . |



MAKTLAND STATE DEPARTMENT OF HEALTH 08893 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08887 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20 DATE OF DEATH executed within 24 hours after death. 2b. HOOR (Type or print) Edna 7M. Shewe11 9:15Th 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years last birthday) DAYS Female White 9/9/93 filled in by t signed by the attending physicion ond completely filled in by buriol-transit permit. Then please remove carbon papers. Poburiol, cremation, or removal, and in any event, within 72 hours 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Camden, N.J. USA WIDOWED TO DIVORCED [Prince Georges IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in base to! 120 USJAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Glenn Dale Hospital Retired Book Binger Printing co Glenn Dale, Md. 13a JSUAL RESIDENCE (Where deceased lived if institution Residence before 113c. CITY OR TOWN 13d INSIDE CITY L M TS? 13e STREET AND NUMBER odm ssion) STATE 136 COUNTY 1734 Mass., Ave. S. E. YES 🔀 Wash. 14. FATHER S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle John TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Mamie Jordan Dungan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT Address (If yes give wor or dates of service) 578 12 7474A Decedent APPROXIMATE MIERNAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-Asphyxiation due to aspiration of food minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the hospital or ottending physician. stating the underlying causes Generalized arteriosclerosis with arteriosclerotic years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING YES XX CAUSES OF DEATH? NO 🗍 21a. ACCIDENT WAS JNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 23f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. 1 certify that (\$)x(this haspital) attended the deceased from 1/10/, 19 69, ta 6/20/, 19 69, that (1) (we) last sow the deceased alive on 6/20/ 169, and that in (15%) (our) opinion death accurred an the date and hour and from the causes stated obove, (b) (we) (did) (datastk view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS 6/20/69 DEGREE DIRECTOR S PHYS 22d. PHYSICIAN'S 22a. ADDRESS Glenn Dale Hospital NAME (Type) Moe Weiss, M.D. Glenn Dole- Maryland 23d LOCATION (City or Town)
Colmar Manor 23h. DATE 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL, CREMATION. ((aunty) (State) REMOVAL (Specify)
Burial Pro Geo Md. June 24, 1969 Ft Lincoln Cemetery 24 FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md.



| | 13 | ı | 08894 | | | E DEPARTMENT OF H | IEALTH IMORE, MARYLAND 21201 | |
|----|---|---------------|---|----------------------------------|-------------------------|-------------------------------|--|---|
| | 12) | | | L4 7/7/69 km | | CATE OF DEATH | mort, martiano 21201 | 08888 |
| | £ = 2 € / | | ECEASED NAME First | M | ddle | Lost | 20. DATE OF DEATH | 25. HOUR |
| | offer death | L | Lilli | | | Shirkey | June 20 | 1969 1:05A M |
| | age (A) | 3. 5 | EX | 4 RACE | | S DATE OF BIRTH | 6 AGE (In years ost birthday) | JE UNDER 'YEAR IF JNDER 24 HRS. MONTHS DAYS HOURS MIN |
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| | 2 ha | LOL | West Va | 75 CITIZEN OF WHAT COUNTR | MARRIE WIDOWE | THE SEK STANKETED TO | 9 COUNTY OF DEATH | |
| | rin (filled in paper | 10 | CITY OR TOWN OF DEATH | IZOH 30 3MAN TIT | PITAL OR INSTITUTION (I | not us hospital 12a USUA | Prince George's | 12t K ND OF BUSINESS OF |
| | 新春春秋 | | Cheverly | give street oddres | "George's | Gen. Hosp during ma | ost of working life, even if retred) ousewife | INDLSTRY |
| | requires that the death certificate be executed within is any physician. I signed by the attending physican and campletely filled in be burial-transit perhit. They please remove carban papers, a burial, crematian, arcemotal, and in any event, within 72 ha | 13o | USUAL RESIDENCE (Where deceos | ed Eved. It institution: Resider | nce before 113/ CITY : | OR TOWN 134 MSIDE CTY LIA | M IS? 13e. STREET AND NUMBER | home |
| | cecul cam nove | L | <u>MD</u> | Prince Georg | rge's Bow | | 2304 nanove | er Place |
| | and rem | 14. | FATHER'S NAME First | Middle Ridgeway | Lost | IS MOTHER'S MAIDEN NAME FI | | rast |
| | can ease and | 160 | WAS DECEASED EVER IN U.S. ARN | NED FORCES? 166 SOCIAL | | INFORMANT | h Gregory Address | |
| | physical property of all physical physi | | fes, no, or unknown) (d yes give w | or or dates of service) 235 5 | 4 8636 | Julia L Wal | | |
| | The line of the li | | 18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED | y one couse per line far (a), (| b), ond (t).) | | | APPROXIMATE INTERVAL BETWEFN ONSET AND DEATH |
| | The state of | | PART I DEATH WAS CAUSED | TE CAUSE (o) <u>Acute</u> 1 | myocardial | infarction du | e to severe coro | |
| | the de e atte permition, | | Conditions, if ony, which gove) | DUE TO, OR AS A CONSEC | QUENCE OF art | eriosclerosis | | |
| | hat th n. y the ansit p ematic | | nse to immediate cause (a). | (b) | DITENCE OF | | | |
| 10 | equires the physician. signed by burial-tran burial, crei | | stoting the underlying couse lost. | (c) | ADDITED OF | | | ţ. |
| 0, | ictan: The law requires that the dipital or attending physician. rificate has been signed by the attending for use as the bund-transit perfect use as the bund-transit perfect. of Health prior to burial, cremation, | | PART 2 OTHER SIGNIFICANT CON | DITIONS CONTRIBUTING TO DE | ATH BUT NOT RELATED | TO THE TERMINAL DISEASE ORCO | ONDITION G VEN IN PART I(a) | |
| 1 | ding ding een the sr to | S S | 10. Date of openation. Link | | | | | |
| ` | The law ratending has been se as the th prior to | CERTIFICATION | 190. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATI | ON WAS PERFORMED | 20o. AUTOPSY? YES X NO | 20b. IF YES, WERE FINDINGS (CAUSES OF DEATH? | CONSIDERED IN CERTIFYING |
| | ar car car car car car car car car car c | | 210 ACCIDENT WAS UNDERLYIN | G 216 TIME OF INJURY | 210 | | noture of injury in Port 1 or Port 2, | Item 181 |
| | Pital | MEDICAL | or contributing cause of Death | HOUR A.M. Month C | Doy Year | | , | |
| | S PHYSICIAN: the haspital ar this certificate detached for u e Dept. of Heal | Ж | 21d INJURY OCCURRED 21e. | | | LOCATION Street or R.F.D. No. | City or Town | County State |
| | the det | | While Not while of work | . h | | () () 10 / | | |
| | OR ATTENDING be retained by the IIRECTOR: After it e 3 should be do ad with the State | | 22a. I certify that (I) (thi saw the geceased al | ive on 6/20 | 19.6 <u>5</u> .a | nd that in (my) (eur) apin | 19 to 6/20 , 19 nion death occurred on the de | bg , that (I) (was last |
| | TTE raine ror haul th th | | causes stated above | , (I) (we) (did) (did not) \ | view the body ofte | deoth. | | |
| | OR ATTENI be retained DIRECTOR: A le 3 shauld ed with the | | 22b SIGNATURE | 220111 | · n · Cost | ATTENDING ME | ED STAFF 220 | DATE SIGNED |
| | AL (ay boy boy bogge page file | | 22d PHYSIC AN S | 0, 1/2 | 12 | 22e ADDRESS | | |
| | TO HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the hast TO FUNERAL DIRECTOR: After this cel director, page 3 should be detache should be filed with the State Dept. | | | 11 1 | D. | | ge Lane, Bowie, | M D. |
| | HO rage Fundirect | 230 | BUR AL (REMATION, 23b D REMOVAL (Specify) Jun | | NAME OF CEMETERY O | | 23d LOCATION (City or Town) | (County) (State) |
| | | 24 | FUNERAL DIRECTOR | ne 24, 1969 | Rosewood (| 250 RECD BY | Lewisburg REG STRAR 28b REGISTRAR S | West Va |
| | VR A15 (4) 45M - 1 69 | | F. Gas | sch's Sons Ily | yattsville | MA | 2 3 1999 UTilion | |



| | | DIVISIO | MAKTLAND 3 N OF VITAL RECORDS, 301 | | KIMENI OF HEALII STREET, RALTIMORE, | | | |
|--|---------------|---|---|-----------------------|--|---|----------------------|-------------------------|
| FOR STATE | ı | 08895 | · · | | RTIFICATE OF DI | | 0.8 | 8889 |
| HEALTH DEPT. | 1. 0 | CEASED NAME First | *************************************** | | Lost | 2c DATE KNOWN | Month Doy | Yeor 2b. HOUR |
| S 0 9 - | (| ype or Print) Georg | re Vashi | ngton | Shirley | OF ESTI- | € 6-26-69 |) 19 9:30am |
| A P A P | 3 5 | | S DATE OF BIRTH | 6 AGE (in years | IF JNDER 1 YEAR IF UNDER | 24 HRS 2c DATE PRONOUI | | 2d HOUR |
| ond 3 to | M | ale White | 1-13-1905 | ost birthday) 64. YRS | MONTHS DAYS HOURS | Milh Month | 28 6 | 9 19 9:42am M |
| E 27 | 70 | IRTHPLACE (State or foreign | 76. CITIZEN OF WHAT COUNTRY? | 8. MAR | RIED NEVER MARRIED | 9 COUNTY OF DEATH | | |
| Figure 1 | cour | Virginia | USA | WIDO | WED DIVORCED | Prince Geo | rgels | Md |
| e ages 1, sith farm | 10 | TY OR TOWN OF DEATH | 11 NAME OF HOSPITAL | | (If not in hospital 12a (| USUAL OCCUPATION (Kind of | work done 12b | KIND OF BUSINESS OR |
| t haurs ofter de litem (18. Merre Office along | | Prince George's | give street address) 709 Park | Ave | C | g most of working life, ever arpenters He LIMITS 13e STREET AND T | elper Co | nstruction |
| haurs offer ltem (8. Nor Office along Office along after death | 130 | BSUAL RESIDENCE (Where deceos | sed lived, if institution. Residence | before 13c CHTY | | | | |
| 7 5 P | | mission) STATE | Prince George | | | (12) | rk Ave | |
| har the land of the after afte | 14, [| ATHER S NAME First | Middle C1:1 | lost | IS MOTHER'S MAIDEN NAME | | Middle | Lost |
| thin 24 nool in I nooler's pages I haurs | 14. | George Wa | ashington Shirl | | Cendre | | | Vells |
| be executed within "pending" in pencil in the Medical Examine ansit permit. File page event within 72 hau | () | | | | Elsie M. Shi | | DRESTOP Par | - |
| should be executed wrt e ward "pending" in pe s the Chief Medical Exar urial-transit permit. File in ony event within 72 | - | | | | ETale Me Our | La La | ureI, Ma | APPROXIMATE INTERVAL |
| recuted nding ' ir Medical I permit. (| | PART I DEATH WAS CAUSED | ly one couse per line for (a), (b), a D BY | | | | _ | BETWEEN ONSET AND DEATH |
| xeconding Medin | | LH : " IMMEDIA | ATE CALSE (o) Heart fa | | | languar difference | | min. ınknown |
| per lef / | | Conditions, if ony, which gove |) // // // // // // // // // // // // // | ar or Mrre | rioscierotic | Heart drseas | E L | HIRHOWH |
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| should be endered the chief of | | lost. | (d) | | | | | |
| g the sed to a bi | | PART 2. OTHER SIGNIFICANT COND | ITTIONS CONTRIBUTING TO DEATH BU | T NOT RELATED T | O THE TERMINAL DISEASE OR | CONDITION GIVEN IN PART 1 | (o) | |
| fing ting ridec as | 2 | | | | | | | |
| INER: This certificate should be executed within 24 hours ofter ne certificate, writing the ward "pending" in pencil in Item (18.Neme should be forwarded to the Chief Medical Examiner's Office along files. 3 should be used as a burial-transit permit. File pages I and 2 with thation, ar remayal, and in any event within 72 hours after death | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION WAS PERFO | FOR WHICH OPER | ATION | | | 20 AUTOPSY? |
| This icate, be fo | Ē | | | | | | | YES NO SE |
| ical examiner: The execute the certificator. Page 4 should be defar your files. CTOR: Page 3 should the burial, cremation, ar | 1 | 210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING | 216. TIME OF INJURY Month, Do | y, Yeor 21 | HOW INJURY OCCURRED (E | nter noture of njury n Port | I or Port 2, Item 18 | () |
| INER e cer shou files. 3 sho atior | MEDICAL | CAUSE OF DEATH | P.M. | 19 | CLOCATION C DEPO N. | | | |
| the the 4 s ur f ur f ge 3 emo | 2 | WHILE NOT WHILE TO | PLACE OF INJURY (At home, form, story, office building, etc.) | reet, 21 | f LOCATION Street or R.F.D. No. | City or Town | COU | unty State |
| DEPUTY SICAL EXAMINER: cessary, please execute the cert e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation, | | | t t tal t t | 1 1 1 |) 1 | | | |
| Exercise Part of the Property | | | ook chorge of the remains de | | The state of the s | | | and in my opinion |
| lease directo ritained DIREC | | death resulted from: | Notural couses 🔀 Ac | cideal , | Suicide , Homicio | | ed monner 🔲 | |
| pled dir. | | ACTUAL | -t. 18. | 1- | CHIEF MEDICAL | EXAMINER | 22b. DATE SIGNE | FD. |
| D DEPUTY BICA INCESSORY, please ex the funeral director. S may be retained if DINECTO Health prior to bur | | SIGNATURE | My / | , | | AL EXAMINER SE | 6-26- | |
| o DEPUTY necessary, the funera 5 may be 0 FUNERA Health pr | | EXAMINER'S NAME (Type) John Ke | ehoe MD River | ale Md | | t, city, town, or county) | | |
| necessary, please the funeral directors may be retained to FUNERAL DIRECTOR Health prior to b | 230 | BURIAL, CREMATION / 23b | | NE OF CEMETERY | OR CREMATORY | 23d. LOCATION (City of | Town) (Coun | rty) (Stote) |
| | Į | REMOVAL (Specify) 6- | 28-1969 Lev | insville | Presby, Ch | McLean | , Virgini | |
| | 74 | HIRAN DIRECTOR | IINUX | | | | REGISTRAR'S SIGNA | |
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| | - 31 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH | | | | | 21201 | 08890 | | |
| | - 51- | 00000 | | | | | | | 000. | |
| death. nera! ond 2 death. | 27. | DECEASED-NAME First (Type or print) | | Middle | Lost | 20. | DATE OF DEATH Month | _ Doy | _ Year | 2b. HOUR |
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| rs afte | 19 | male | cauc | | NAME OF STREET | \$25.00 EXERT | | YRS. | | |
| haurs of the by the bours | 1/0 | 8IRTHPEACE (Stole or foreign unity) | 76 CITIZEN OF WHAT CO | | MARRIED 🔲 NEVER MARRI | LDI I | INTY OF DEATH | | | |
| 24 24 in dring 727 | 1 | MISSOULI | USA | | DIVORCE DIVORCE | | rince Geo | | | Md |
| certificate be executed within 24 haurs after death physician and completely filled in by the funeral her please remove carbon papers bages I and in novel, and in any event, within 72 hours after death | 1 | Riverdale, Md. | Eugei | ie Leland | Mem. Hosp. | during most of y | JPAT ON (Kind of w working life even to Lauperv | f elied) | 12b UND OF B INDUSTRYS. Goves | |
| ed set | 13 | USUAL RESIDENCE (Where deceos | ed aved, if institution R | es dence before 13c | CITY OR TOWN 13 | d INSIDE CITY LIMITS? | 13e. SINTLY AND N | umdtk | | |
| cuted comple | 200 | miss on) Start Maryland | Frince | e George I | lyattsville | YES NO | 4315 Gal | latin | Street | |
| e execute ond comp remove | AL CO | SATHER'S NAME FIRST | Middle | rost | IS. MOTHER'S MAIL | DEN NAME First | | M ddle | | Lost |
| e of Figure | X | James | Perry Sh | nort | | Aman | da | | Crew | S |
| are by and i | | o. WAS DECEASED EVER IN U.S. ARA | or or dotar of sanu a) | SOCIAL SECURITY NO | 17 INFORMANT | | | Address | | |
| th certificate | 7: | Yes, no, or unknown) (III yes give w | 49 | 92-32-3629 | Edwin E. | Short S | Same as | #13 | | |
| Z-1 | 100 | 18 CAUSE OF DEATH (Enter on | y one cause per line far | (a), (b), and (c). | 111110000 | di 1:10 | Timber | 1.1. | APPROXIMA BETWEEN ONS | ATE INTERVAL SET AND OBATH |
| attending permit. It | | PART I. DEATH WAS CAUSEI | TE CAUSE (o) | 11/ | ing o caru | xcall. | anguit | 1419. | 7 Sun | dist. |
| e d afte an, | | 4 1 | DUE TO, OR AS A C | ONSEQUENCE OF | El | Mari | Ten: | 1 | 24/11 | Adda (|
| of the att the att | 4 | Conditions, if only, which gave trise to immediate couse (a) | (b) | | Millia | X / L/3/C | HOM | Willer | 2 march | house |
| that the thing the by the transit cyemot | 25 | stoling the underlying couse | DUE TO OR AS A C | ONSEQUENCE OF | TINTIK. | 11/1 | 1. 1100 | Dil. | James 1 | , , |
| equires tho physician. signed by buried from buyed, cyell | 14 | lost) | {c} | | 1. Dec. oc | 00000 | MC. | 1 1000 | 1 19 4 | 12.7 |
| | 72 | PART 2 OTHER SIGNIFICANT COM | IDITIONS CONTRIBUTING | TO DEATH BUT NOT R | ELATED TO THE TERMINAL I | DISEASE OR CONDITIE | ON GIVEN IN PART I | (0) | 1 | |
| ding the | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 10 DATE OF OPERATION LINE | CONDITION FOR WHICH A | | | | Inc. at age | | / | |
| The law re ottending has been is as the bygot to | 1/2 | 19a. DATE OF OPERATION 19b. | CONDITION FOR WHICH OF | PERATION WAS PERFOR | | | 20b. IF YES, WERE CAUSES OF DEATH? | | NSIDERED IN CEI | ETIFYING |
| N: The or of or of ate ha | 1 P | 210 ACCIDENT WAS UNDERLY:N | C 1011 YING OF 191111 | B.V. | YES | № 🔄 | | | | |
| IAN olo ficat for Hec | 14 4 | OR CONTRIBUTING CAUSE OF DEAT | H HOUR A.M. Mo | rth Doy Yeor | 21c. HOW INJURY OCCUR | RRED (Enter noture | of injury in Port 1 | or Port 2, He | em 18} | |
| SICI spirit entified | 11 2 | (If either, notify medical exami | ner) P.M. | 19 | N SI CLEANING A | B50 0 | 21: ** | | | *- |
| DING PHYSICIAN: The law rate by the hospital or ottending After this certificate has been a be detached for use as the state Dept. of Health pxi6) to | 9 | While Not while at work | PLACE OF INJURY OFFICE | BUILDING, ETC |) 21f LOCATION Street | or K.F.D. No | City or Town | | County | Stote |
| 를 하는 다른 | 0 | | . 1 2 1 1 1 1 | 1.1 | 197/5 | 10 /0/ | Arter | 7 - / 10 | | (1) () (|
| DIN DIN By Stal | | 22a. I certify that (I) (the saw the deceased a | is naspitall attende | a the deceased to | g and that in (my) | | to | on the date | 69, that (| I) (we) last |
| ATTENI stoined CTOR: A should ith the | 2 | causes stated above | , (I) (we) (did) (d id- | not) yrew the bad | y after death. | (sor) apinion c | t gan accorded to | mine date | and naor o | id iidiii iile |
| OR ATTENDIN be retoined by DIRECTOR: Afte ge 3 should be led with the Sta | 2 | 22b SIGNATURE | 7111 | 1 - 2 | ATTEMPIAIC | _4 MED | CYAFF | 274 D# | ATE SIGNED | (- |
| OR be reported to the period of the period o | A | - M | Lilal | 18/1 M | DEGREE PHYS. | MED. DIRECTOR | STAFF PHYS, [| 7 7.2 | 1211 | 1469 |
| TO HOSPITAL OR ATTEN Page 4 may be retained for FUNERAL DIRECTOR: director, page 3 should | 1 | 22d PHYS CIAN S NAME (Type) | WM | 421N | 22e ADDRE | of well | rda | Q, | MA | |
| O HOS Page 4 O FUN directo | 10 Y 23 | BURIAL, CREMATION 23b | DATE | 23c NAME OF CEMI | ETERY OR CREMATORY | 23d | LOCATION (Cily or T | own) | (County) | (State) |
| 5 6 9 6 | | REMOVAL (Specify) Burial 6 | /4/69 | Ft. I | incoln | | Colmar M | lanor | P.G. | Md. |
| VR A | | FUNERAL DIRECTOR | | ADDRESS | | So. REC D BY REGIS | STRAR 25b. R | REGISTRAR'S SI | IGNATURE . | |
| 45M | May ! | F. Elarchs | SONS h | tyallau | ille. Md | DATE | 5 1969 | Curr | Pan Good | GR. |



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| | 14 | } | 08897 | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | |
| | | | | | CERTIFICATE OF DEATH | | 08891 | | |
| | deoth. | - [1. | | CHRISTEN Middle | SKJOLDBORG. | 20. DATE OF DEATH Month Dox | 2b. HOUR | | |
| | r deoth | _ | Chi | ristian | Skjogdbord | June I | | | |
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| | 24 ad in per in 72 n 72 | - 1 | MAMMACL | 1,5 | WIDOWED DIVORCED Pr | ince George's | Md | | |
| | ond completely filted in by the fondial remove carbon popers. Cases on a in ony when the death in ony within 72 hours attended death | / " | Cheverly | give street address) | NSTITUTION (If not in hospital 120 SJAL during mos | OCCUPATION (Kind of work done tigf working life, even if retired) | 12b. KIND OF BUSINESS OR INDUSTRY | | |
| | omplete ve cart | | | osed tived, if institution. Residence befor | B 13c CTY OR TOWN HIS INSIDE CITY DWI | 157 13e STREET AND NUMBER | Street | | |
| | 1 5 0 A | - | . FATHER'S NAME First | | IS. MOTHER'S MAIDEN NAME FIRS | 3720 Valiful | | | |
| | 0 0 = : | <i>}</i> | UNKNI | ** | | b tu N | Lost | | |
| | ate / | 10 | O WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECURIT | | åddrass | Ca | | |
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| | tat the | | rise to immediate couse (o), | (b) | oricensus, | anciacing of | (*** | | |
| 10 | icion. d by l-tran I, crer | | stoting the underlying couse | (d) | , | | | | |
| 0 | equires that the physicion. signed by the burial-transit burial, cremat | | PART 2 OTHER S-GNIFICANT CO | INDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE OR CO | NDITION GIVEN IN PART 1(a) | -1 | | |
| 1 | ng F | | _ | | • | | | | |
| 1 | IAN: The law retal or | ١ ١ | 190 DATE OF OPERATION 196 | . CONDITION FOR WHICH OPERATION WAS | PERFORMED 200. AUTOPSY? | 20b IF YES WERE FINDINGS (| ONSIDERED IN CERTIFYING | | |
| | The office of the hose of the post of the | | | | YES . NO 🔀 | CAUSES OF DEATH? | | | |
| | * p & T is | | | | 21c. HOW INJURY OCCURRED (Enter I | noture of injury in Port 1 or Port 2, | Item 18) '** | | |
| | Portor Printers and the second | 100 | (it either notity medical exam | ener) P.M | 19 | | | | |
| | O HOSPITAL OR ATTENDING PHYSICIAN: The law ragge 4 may be retoined by the hospital or ottending o FUNERAL DIRECTOR: After this certificate hos been director, page 3 shauld be detached for use as the mauld be filed with the State Dept #Health prior to | 1 | 21d INJURY OCCURRED 21d While Not while of work | PLACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING ETC. | FACTORY.) 21f LDCATION Street or R.F.D. No. | City or Town | County State | | |
| | Aping of the state | | | his haspital) attended the decea | sed from 195 | 7 to June 19 | 9, that (IV) (we) last | | |
| | OR ATTENDING be retained by the INRECTOR: After e 3 shauld be d ed with the State | | snw the decensed | alive an | 1967, and that in (my) (aur) apin | ian death accurred an the do | ite and hour and from the | | |
| | TOR Torn The H | | 22b. Signal R | e (1) (we) (ala (alahar visw in | e doay otter dearn. | 22/ | DATE SIGNES | | |
| | OR / | / [| 11/11/1/11/11 | WXTA BY10 | DEGREE ATTENDING MEI | ECTOR D STAFF D | 6/12/60 | | |
| | AL (| | 22d PHYSICIAN S | MO / Co o o o o o o o o o o o o o o o o o | 22e. ADDRESS | | 9149 | | |
| | HOSPITAL OR ATTENI ge 4 may be retoined FUNERAL DIRECTOR: A rector, page 3 shauld rauld bill filed with the | | NAME (Type) Wi | lliam D. Rosson, | | George's Gen. Ho | | | |
| | TO HOSPITAL OR ATTEN Page 4 may be retoined TO FUNERAL DIRECTOR: director, page 3 shauld hadded be filed with the | 2 | o. BURIAL, CREMATION 236. | DATE 23c NAME C | CEMETERY DR CREMATORY OL 85th | AN COUNTRY (City NEW,) Car | (County) (State) | | |
| | 222 | 5 | BURTAL JU | INE 19,1969 FOI | RT LINCOLN | COLMAR MAN | OR - MARYLAND | | |
| | VR A15 (4) 45M 1/69 | 2 | FUNERAL D.REGIOR | ROE ADDRE | | | | | |
| | 45M 1/69 | | M'MICHIAMO | EKS CO, KIVERD | DALE, MID DANIN 2 | 0 1969 10 Clian | la Judge | | |



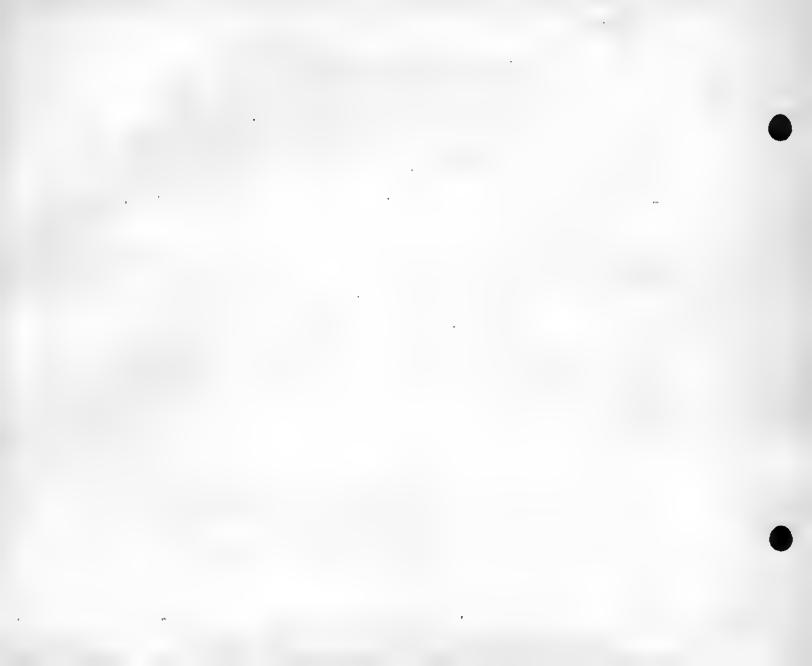
| | | ı | | | LAND STATE DEPARTMENT OF | | |
|-----|---|-------------------|---|---|---|--------------------------------------|--|
| | 1/2 | 1_ | 08880 | | RDS, 301 W. PRESTON STREET, BA | | |
| | | Lt | enes#1,3,13b,10 | 5b,23d. FilmG414 | 7 CERTIFICATE OF DEATH | | 08892 |
| | death. | | voe or print) | va K | Edward Smith | 20. DATE OF DEATH June | 187, 1969 /2:00 M |
| | l o l | 3. 5 | | 4. RACE | S DATE OF BIRTH | 6. AGE (In yea | 07 = 1 |
| | \$ 8 E | | remaie Male | White | 05-12-08 | last birthday | YRS MONTHS DAYS HOURS MIN |
| | E ASI | | BIRTHPIA/E (Stole or foreign | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIED WEVER MARRIED | 9. COUNTY OF DEATH | (K) |
| | 24 in d in 72 h | COD | Kantucky | U.S.H . | WIDOWED DIVORCED | Prince George | ze's Md |
| | and completely filled remove corbon pope | 10. | ITY OR TOWN OF DEATH | 11 NAME OF HOSPITA give street oddress) | | SEAN OCCUPAT ON (Kind of work | done 125 K ND OF BUSINESS OR |
| | ell will will corbo | 13e | USUAL RESIDENCE (Where dece | osed Eved, if institut on Recognized | before 13c (TY OR TOWN 13d INS DE CT | | en ext |
| | omp owe // | odm | ssion) STATE MD | 136 ROTHING STATES | HUR HTakoma Pk. YES | NO 7801 Wildwa | ood_Drive |
| _/_ | requires that the demth certificate be executed within 24 harman graysician. I signed by the attending physician and completely filled in by the use buriol-transit permit. Then please remove corbon papers. Pages 1 a buriol, crematian, or removal, and in any event, within 72 hours after | 14 | ATHER'S NAME OFFST | M ddle | Lost IS MOTHER'S MAIDEN NAME | E First Mid | Idie D Lost |
| | physician physician len pleose ovol, and | 160 | WAS DECEASED EVER IN U.S. All | RMED FORCES? 16b SOCIAL SEC a way or dates of service) | CURITY NO 17 INFORMANT 07 | V . 11 -7AM | 18) Q I I |
| | ertifi phy ien ovol | - | LIEW. WW | #2 B09-07- | | Bruth 1801- Le | Wood Dr. Left |
| | he de∎th certific tattending phys permit. Then p | 1 | ART I. DEATH WAS CAUS | on y one couse per line for (o), (b), (ED BY | 0 000 | - 4 | BETWEEN ONSET AND DEATH |
| | equires that the demth physician. signed by the attendin buriot-transit permit. buriot, crematian, ar reburiot, crematian, ar re | 1 | MMEC | DUE TO, OR AS A CONSEQUE | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | nascia | |
| | nt the the c isit pe | | Conditions, if ony, which gove | n olende | tis menel | | |
| | that in. 3y ti ans rem | П | rise to immediate couse (a) stating the underlying couse | (0) | | | |
| 0. | equires the physician. signed by buriol-trar buriol, crei | | lost. | (c) | | | |
| 3 | requi | | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMINAL DISEASE C | DRECONDITION GIVEN IN PART 1(0) | |
| 01 | low inding beer beer is the | JION. | 190 DATE OF OPERATION 191 | CONDITION FOR WHICH OPERATION | WAS PERFORMED 200. AUTOPSY? | 206 IF YES WERE FINE | DINGS CONSIDERED IN CERTIFYING |
| | The low re attending hos been se as the th prior to | CERTIFICATION | | | YES D NO | CALIFEC OF DEATHS | The second secon |
| | AN: If or cote or u | | 210 ACCIDENT WAS UNDERLY TOR CONTRIBUTING CAUSE OF DE | | 21c HOW INJURY OCCURRED (En | nter noture of injury in Part 1 or f | Port 2, Item 18.) |
| | SICK spite of fa | MEDICAL | (If either, notify medical exon | niner) P.M. | 19 | | |
| | SPITAL OR ATTENDING PHYSICIAN: 1 4 may be retained by the hespitol or IERAL DIRECTOR: After this certificate or, page 3 should be detached for us I'd be filed with the State Dept. of Healt | × | 21d INJURY OCCURRED 21 While Not while of work | e PLACE OF INJURY (AT HOME FARM, S' OFFICE BUILDING, I | REET, FACTORY) 21f LOCATION Street or RFD | No City or Town | County State |
| | ter tare | 1 | 22a. I certify that (1) (t | his haspitel) attended the d | eceased from why 16, 19 | | |
| | ATTENDING storned by if CTOR: After i should be d ith the State | | saw the deceased causes stated above | alive an the let we, (I) (we) (did) (did nat) view | 1909, and that in (my) (our) a v the bady after death. | ppin/on death occurred on t | he dote/and haur and fram the |
| | reto reto ECTO 8 sho | | 22b SIGNATURE | 40. | ATTENDING | MED STAFF | 22c DATE SIGNED |
| | L DIRE DIRE 3ge 3 iiled w | | 22d PHYSICIAN'S | per se in- | DEGREE PHYS 22e ADDRESS | DIRECTOR PHYS | 6-14-69 |
| | FILTA MERAL Gr, pc d be d | L | NAME (Type) /201/ | ALS S. FLE'S | SC4ER 7411 816 | 65 Ad L'y) | TRULLE Mol. |
| | Fage 4 may be retained by the hespital or estending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to it | (23 ₀ | BLRIAL PREMATION, REMOVAL (Specify) | DATE 23. KIA 1) | ME OF CEMETERY OR CREMATORY | 100 LOCALONIC ty or Town | (County) (Jiggle) |
| | VR A15 .4, | 24 | FUNERAL DIRECTOR | 254 Carsol (A) | DOFF N.W 250 RECE | BY REGISTRAR 2Sb. REGIS | TRAR'S SIGNATURE |
| | 45M 1/66 | the | HERUNIEZS | clasklegton ? | C 200/2 DATEU | N 2 3 1969 V | Laules Judge |



| | | 08899 | DIVISIO | ON OF VITAL RECORDS, | 301 W. PI | | TIMORE, MAI | RYLAND 21201 | 0000 | |
|--|---------------|---|--------------------------------------|---|--------------------------|--|--------------------|------------------------------------|------------------------------------|------------------------------|
| | | | CERTIFICATE OF DEATH | | | | | 08893 | | |
| deoth | Ľ | (Tumo or prot) | ora, | Middle J • | | Smith | 2a, DATE OF | Mrthe Pay | 1909 | 26. HOUR |
| s after s afte | 3 | SEX Female | 4 RACE | hite | | 5. DATE OF BIRTH 04-24-07 | | 6. AGE (In years last buthday) | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS HOURS MIN |
| in 24 hour filled in by papers. Phin 72 hau | 7o. | BIRTHPLACE (State or foreign potry) West Virginia | 7b. CITIZEI | N OF WHAT COUNTRY? | 8 MARRIED [WIDOWED [| NEVER MARRIED DIVORCED | 9 COUNTY OF | DEATH George's | | |
| with with | 10. | Cheverly | | II NAME OF HOSPITAL OR INS give street oddress) Prince Geory | TITUTION (If no | en hospital | UAL OCCUPATION | (Kind of work done | 126. KIND OF I INDISTRY Home | BUSINESS OR |
| executed complete complete control of the control o | odi | o. USUAL RESIDENCE (Where decemission) STATE MD | ased lived, if 13b CC Pr | institution Residence before punty ince George 's | 113/ CITY OF | TOWN 324 INCOS C TO | LIMITS? 13e ST | REET AND NUMBER 600 Annapol | | |
| in and se rem | | FATHER'S NAME First | M | I ddle Last Mann | IS | MOTHER'S MAIDEN NAME | First | Middle | Lu | Lost Sk. |
| rtificate physicia en plea aval, an | 16 | n. WAS DECEASED EVER IN US A Yes, no, or unknown) (1903 gr | RMED FORCES in war or dates of se | ? 16b. SOCIAL SECURITY N | | nformant Doris M. Law | less 3 | 516 Pumphre | y Dr F | orest- |
| requires that the death certificate be g physician. In signed by the attending physician are burial-transit permit. Then please is burial, cremation, or remaval, and in | | IS CAUSE OF DEATH (Enter PART I DEATH WAS CAU MME Canditians, if any, which gav rise to immediate cause (a stating the underlying cause last | SED BY DIATE CAUSE (I DUE T | O, OR AS A CONSEQUENCE OF | NOI NOI SCO | 0 | ortha: | ular Discon | /3 | MET AND DEATH CAYS |
| V: The law requi or attending phy ate has been sign r use as the bur ralth priar ta bur | CERTIFICATION | | | ONTRIBLE NG TO DEATH BUY NO FOR WHICH OPERATION WAS PER | | 200. AUTOPSY? YES NO 15 | 20b IF | YES, WERE HINDINGS CO OF DEATH? | NSIDERED IN CE | RTIFYING |
| IYSICIAN: Toopital or certificate I certificate I ched far us pt. of IIIIalti | MEDICAL CERT | OR CONTRIBUTING CAUSE OF DI | niner) HOU | TIME OF INJURY R A.M. Month Day Year P.M. 19 NJURY (AT HOME, FARM, STREET FACT OFFICE GUILDING, ETC | | OW INJURY OCCURRED (En | er nature of injur | y in Port 1 or Part 2, In | (aunty | Stote |
| Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet director, page 3 should be detached for use as the burial-transit permit. Then please remaye can should be filed with the State Dept. of Ill alth priar to burial, cremation, or remayal, and in any event, | | at work at wark 22a. I certify that (1) (1) | this haspita | office contains, free | d from Z | that in (my) (our) appleath. ATTENDING PHYS | 69 to 3 | Gerred on the date | tre signed | (1) (wa) last |
| TO HOSPITA Page 4 may TO FUNERAL director, po | | NAME (Type) BURIA., CREMATION, 23% REMOVA. (Specify) 6 | DATE -6-196 | | emeter | CREMATORY | 23d tocation | N (City or Town) | (County) (est Vi | (State) |
| VR A15 (4) 45M - 1, 69 | 24. 4 | FUNERAL DIRECTOR Obert 308 Suitland R | E. Wi | Inelm Furnewal | Home | | BY REGISTRAR | 2Sb REG STRAR S SI | GNATURE | |



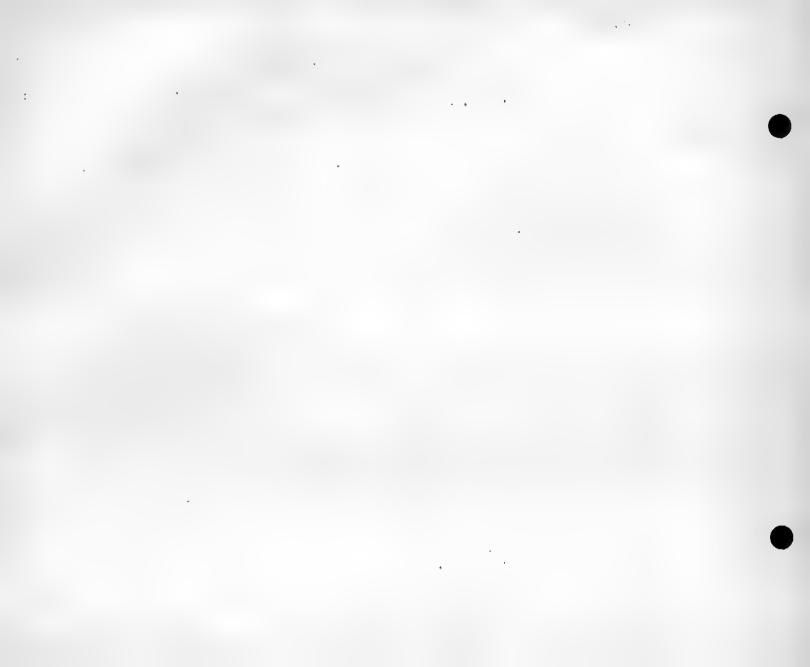
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08894 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost and 2 death 2n DATE OF DEATH 24 hours after death. 2b. HOUR uneral (Type or print) William Smith June 1969 UP N 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years TEAINDER I YEAR IF UNDER 24 HRS. 10st birthdoy) DAYS HOURS Oct 12, 1898 White Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED XX NEVER MARRIED 9 COUNTY OF DEATH country) USA WIDOWED [DIVORCED Prince George's Md lled pol within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done requires that the death certificate be execufed swithin 12b. KIND OF BUSINESS OR give street address) carbon during most of working life, even if retired.) Printer Prince George's Cheverly buriol, cremation, or removal, and in ony event, 130. USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE COMP 136. COUNTY please remove NO3C _George 1s 4003 Nicholson St Hvattsville 14. FATHER S NAME Färst and Lost IS. MOTHER'S MAIDEN NAME First Middle Lost ottending physician termit. Then please 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no. or unknown) [If yes give war or dates of service] Hvattsville, Md. Ella Marie Smith 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove? (b) Left cerebral infarction rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES F NO [TO FUNERAL DIRECTOR: After this certificate O HOSPITAL OR ATTENDING PHYSICIAN: 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town Stote County of work Of work 22a. I certify that (I) (this haspital) attended the deceased fram Feb. _, 1953, ta_h.... 25, 1969, that (I) (we) last saw the deceased alive an 6/25/69 19, and that in (my) (our) opinion death occurred on the date and hour and from the be retoined causes stated above, (1) (we) (did) (did not) view the body ofter deoth. 22b SIGNATURE 22c DATE SIGNED DIRECTOR PHYS PHYS 22d, PHYSICIAN'S 22e ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial Colmar Manor Pro Geo Ft Lincoln Cemetery Md. June 30, 1969 24. FUNERAL DIRECTOR Hyattsville, Md. REC D BY REGISTRAR F. Gasch's Sons 45M -



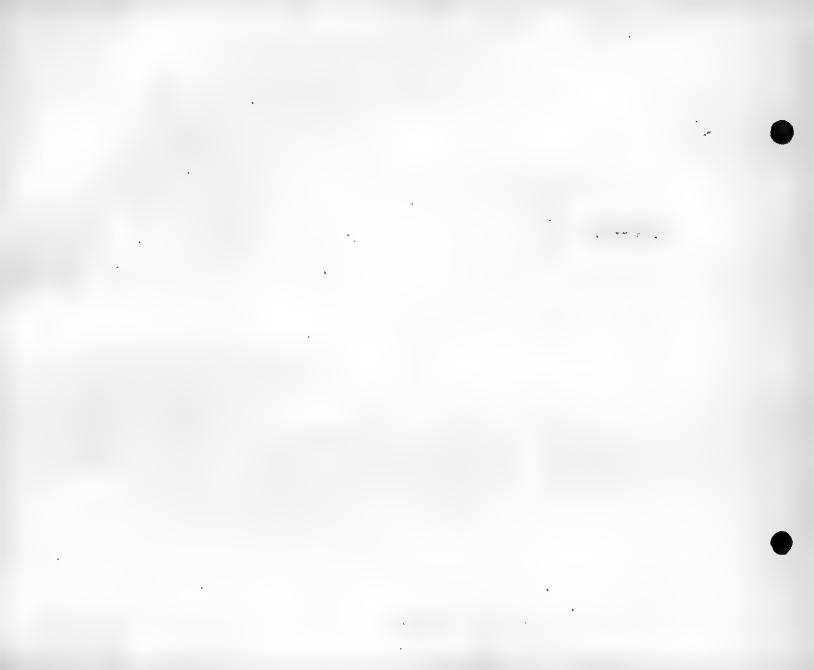
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08901 08895 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Lost 20. DATE OF DEATH 2b. HOUR after death (Type or print) 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER YEAR last birthday) MONTHS DAYS HOURS 20 YRS hours 76. BIRTHPLACE (Stote or foreign 7b. CITIZEN 9. COUNTY OF DEATH 8. MARRIED WIDOWED 57 DIVORCED 10 CITY OR TOWN OF DEATH K NO OF BUSINESS OR requires that the death certificate be executed within II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) INDUSTRY remaye carban and campletely and in any event, wi 130 USUAL RESIDENCE (Where deceased lived 13d INS DE CITY & MITS? 3e STREET AND NUMBER 135 COUNTY MOTHER'S MAIDEN NAME First 1201 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown? [[yes give war or dates of service] burial, crematian, ar removal, APPROXIMATE INTERNA 18 CAUSE OF DEATH (Enter only one cause per me for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if only, which gave t nse to immed ofe couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta attending has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗔 YES 🗔 Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING (CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21s. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote of work Not while 220. I certify that (I) (this hospital) attended the deceased from build saw the deceased alive an_ 1969 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) yiew the body after death 22b SIGNATURE ATTENDING DEGREE PHYS DIRECTOR 22d. PHYS CIAN S 22e ADDRESS NAME (Type) 23b. DATE BURIA. CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City or Jame) 25h VR A15 (4) 45M 1 69 45M

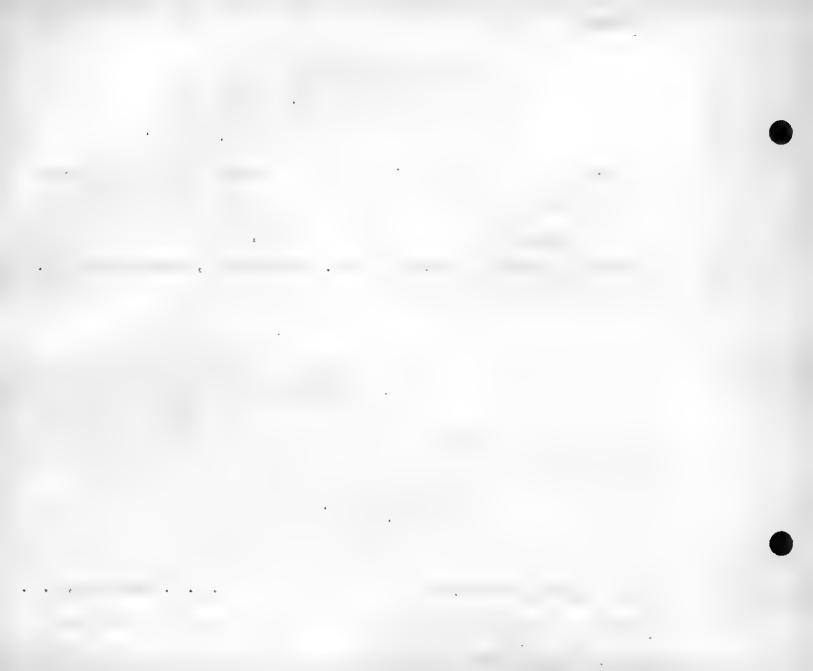


| \ X | 1 | MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|---------------|--|--|
| FOR STATE | | | 08896 |
| HEALTH DEPT. | | Type or Print) | Doy Year 2b HOUR |
| oth ny delay is ages 1, 2, and 3 to the form PM3. Page State Department of | 3 5 | EX 4 RACE S DATE OF BIRTH 6. AGE (in years if limber 1 Year F JNDER 24 HRS 2c DATE PRONOUNCED DEAD lost brithdoy) MONTH'S DAYS HOURS Milh Month of Day | 2d HOUR |
| ny H, 2, a | | 81RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH | |
| is 24 hours after death (if in them 18. Give Pages 1, ners Office along with form ages 1 and 2 with the State De nours after death | | CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done | 12b KIND OF BUS NESS OR |
| after death 8. Give Paga alang with with the Sta | 130 | USUAL RESIDENCE (Where deceased lived, I institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREE AND NUMBER | station |
| urs after 18. Gr ce alang 12 with r death | = | dmisson) STATE Md 13b €0UNTYPrince George Laurel YES 12 NO □ 1012 Harrison | Drive |
| Ta hours rs Office es land2 | 14 | FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle | last |
| d within 74 in pentil ya. Examiner s | | WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (II yes grow wor or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS ADDRESS | hane |
| ould be executed with word "pending" in pen the Chief Medical Exami rial-transit permit. File p | | 18 CAUSE OF DEATH (Enter on y one cause per line far (o), (b) ond (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure | APPROX MATE INTERVAL BETWEEN ONSET AND DEATH |
| be executed "pending" in lief Medical E. insit permit. Fevent within | | UDE TO, OR AS A CONSEQUENCE OF Conditions if any, which gave) Arteriosclerotic heart disease | Un!mown |
| he word "per to the Chief I to the Chief I burial-transit I in any even | | rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF last. | |
| inate string the ded to as a bu | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) | 1 |
| s certifice, writh farwar farwar emova | CERTIFICATION | 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? YES X NO |
| INER: This he certificate should be files. 3 should be a should be nation, or renation, or re- | MED CAL CERT | 21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. PM 19 | |
| | MED | 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, at work At wo | Caunty State |
| 1.1 5 27 4 | | 220. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🛣, Inquiry 🗵 | ond in my opinian |
| DEPUTY SICAL E | | death resulted fram. Natural couses , Accident , Seriode , Homicide , Undetermined monner | |
| JTY BICC ITY, please e eral director be retained RAL DIRECT | | ACTUAL SIGNATURE SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 6-13- | SIGNED .69 |
| TO DEPUTY necessary, it is funeral s may be r TO FUNERAL Health prin | L | NAME (Type) ADDRESS(Street, city, town, or county) | |
| 00 4 00 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | 230 | BURAL CREMATION, 1/236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (CITY OF TOWN) SEMOVAL (Specify): Company | (Caunty) (State) |
| VR AISME (S) | 24 | | IGNATURE |



| | , , | 1 | | | | | HE DEPARTME | | | | | |
|---|--|------------------------|--|---------------------|--|--------------------------|--------------------------------|---|----------------------|---------------|-------------------|---------------------------------|
| | t | ı | 08903 | D | IVISION OF VITAL RE | | /. PRESTON STRE FICATE OF D | | , MARYLAND 2 | 1201 | 889 | 17 |
| | | | DECEASED NAME | First | 55 | | | | | | 7000 | |
| | death nerol ond 2 | | Tuno or print) | | Mid | dle | lost | i i | ne Month 2 | Doy_ | Vanr | 2b HOUR |
| | funerol ond erideath | _ | | alter | | | Spriggs | Ju | | | 969 ^{*0} | 11:40p |
| | a Para | 3 : | | | 4. RACE | | S DATE OF BIRT | | 6 AGE (In | reors If | UNDER I YEAR | F JNDER 24 HRS NOURS MIN |
| | rs af | <u> </u> | male | | colored | | | 4, 1889 | lost birthd 80 | YRS | WING WAS | NOOKS MIN |
| | 24 hours after death ed in by the funeral ppers Pages ond 72 hours tendeath | /o cas | BIRTHPLACE (State or foreig | ın 7b | CITIZEN OF WHAT COUNTRY | ? 8 MARI | RIED 🔲 NEVER MARRII | ED 9. COUN | ITY OF DEATH | | | |
| | Med Poper | _ | 1100 | | 41314 | | WED DIVORCE | | Prince Ge | | S | Md. |
| | E/ B 2:E | 10 | CITY OR TOWN OF DEATH | | 11 NAME OF HOSP | ITAL OR INSTITUTION | (f not in haspital | | PAT ON (Kind of wa | | | BLSINESS OR |
| | mptetely ve curbdn event, with | | Cheverly | | Prince | George's | General | 2000 | orking te even fi | retired } | INDUSTRY | ~ |
| | B 25 5 | 13a | USUAL RESIDENCE (Where nission) STATE | deceased | lived, of institution Resident | te before 13c CIT | Y OR TOWN 13d | d HNSIDE C TY LIM 152 | 13e STREET AND NU | MBER | | |
| | complete com | L | Md. | | 13b. COUNTY Prince (| eorge's | Cheverly Y | YES NO | 708 59t | h Plac | ce | |
| | exe om/ | 14 | FATHERS NAME First | 18 | M adie | Last | IS MOTHER'S MAID | IN NAME THAT | | Viddle | | Last |
| HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the ottending phys cion and completely the director, page 3 should be detached for use as the burial-transit permit. Then please remove chabin poshould be filled with the State Degt. of Health prior to burial, cremation, or removal, and in any event, within | 1. | TEGUTA MI | S | DR1995 | | Emil | 4 Ven | 1 | | | | |
| | | WAS DECEASED EVER IN U | S. ARMER | FORCES? / No SOCIAL | SECURITY NO | 17 INFORMANT | | A | adress | | | |
| | | res, rid, or Chikhown) | ez Bisa war or | no es os service] | | Coty & | PODIOG. | 5 725 | -615 | + Dy | | |
| | The The | | 18 CAUSE OF DEATH (En | rter only a | ine cause per line far (a) (b Y. |] and (c).) | 1 | 1 11 | | | APFROXI | MATE NIERVAL HISET AND OEATH |
| | he death cer offending p permit. The | | PART I. DEATH WAS | CAUSED BY | Y. CAUSE (a) Broncho | nneumoni | a. sewere | | | | et with C | MOST RAID DEATH |
| | otte erm erm | | 5/3Y " | IIIIICDIATE | DUE TO, OR AS A CONSEQU | | A SUVELC | , | | | | |
| | the the set p | | Conditions, if any, which | gove) | | | lep upper | lobo | | | | |
| | that T. T. Sy t ons | | rise to immed ofe couse stating the underlying c | (0) | DUE TO, OR AS A CONSEQU | UENCE OF | Teh apher | 1006 | | | | |
| | es 1 sicia sid b sid b sid b | | last. | 0036 | (c) | | | | | | | |
| 74 | equires tha physician. signed by burial-tran | | PART 2 OTHER SIGNIFICAL | NT CONDIT | IONS CONTRIBUTING TO DEA | TH BUT NOT RELAT | D TO THE TERMINAL D | SEASE OR CONDITION | N GIVEN IN PART 16 | 1) | - | |
| 703 | red on s on s on s on s on s on s on s on s | 1_ | 1 | | | _ | | | | -7 | | |
| 1 | ior + co | CERTIFICATION | 190 DATE OF OPERATION | 19b (ON | IDITION FOR WHICH OPERATIO | N WAS PERFORMED | 20o AUTOPS | Y? [| 20b. IF YES. WERE FI | NDINGS CONS | SIDERED IN C | FRTIFYING |
| 1 | The after the season of the se | 18 | | | | | YES 🖂 | | CAUSES OF DEATH? | | | |
| | YSICIAN: The low r ospitol or attending certificate has been thed for use as the tr. of Health prior to | | | | 216 TIME OF INJURY | 21 | c HOW INJURY OCCUR | | of mury in Port 1 a | r Parl 2 stem | n 18) | |
| | CIA Telegian | MEDICAL | OR CONTRIBUTING CAUSE | OF DEATH | HOUR A.M. Manth De | ay Year | | , | | , , 2, | , | |
| | YSI osp cert cert thed | ₩ Gg | 21d INJURY OCCURRED | | | 19 STREET FACTORY \ 2 | If LOCATION Street of | nr R E D. No | City or Town | | County | State |
| | the horthis detact | | While Nat while at work | | OFFICE BUILDIN | G, ETC. | | | 00411 | | Luo-III y | nuie |
| | NG the series of | 1 | 220 certify that 6 | A Ohis h | asnital) attended the | deceased from | Mary 22 | 10 60 to | 7 7 97 | 19.00 | that | (D-(1412) - met |
| | d by t After d be d d be d e State | | saw the deceas | ed alive | naspital) attended the an June 27 (we) (did) (did not) v | 19_60 | and that in (my) | (our) opinion de | oth accurred or | the dote | and hour | and from the |
| | OR: | | causes stated a | ibave, († |) (we) (did) (d id not) v | iew the body af | ler death. | | | | | arry train in |
| | FET SHEET | | 22b SIGNATURE | 0 | | | ATTENDING | MCD | STAFF | 22c. DATI | | |
| | be 3 led | | | 1. | Lec | | DEGREE PHYS | ☐ MED DIRECTOR | STAFF E | Jun | ne. 3. | 0,1969 |
| | TAL AL Poor | | 22d PHYS!CIAN'S NAME (Type) | 11 + | W D | | 22e. ADDRES | ss nce George | ola Conox | | | |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transpool of the burial should be filed with the State Degt. of Health prior to burial, creating. | | | | Lee, M.D. | | FLTI | nce Georigi | e s Gener | ar nos | shreat | |
| | 2 8 2 2 2 2 A | 230 | BUR.AL CREMATION, REMOVAL (Spec fy) | 23b DATE | | NAME OF CEMETERY | OR CREMATORY | 23d L | OCATION (City or To | wn) | (vinty) | (State) |
| | 5 5 5 2 × 7 | 1 | * | 1- | 2-69 | HARI | neny | 141 | 4h/an | 1/12 | nk. | Mil |
| | VR A15 (4) 45M - 1/69 | 24. | FUNERAL DIRECTOR | - | 1-0- | ADDRESS | 25 | So. REC'D BY REGIST | | SISTRAR'S SIG | NATURE | att. |
| | 45M - 1/69 | 1 | THINOUN | mg | 1 - F 1-11 | 1725 | Dago | ATUL 3 | 1969 19 | ~~ | A March | 7 |





| 1 1 | 0000= | | D STATE DEPARTMENT OF HI 301 W. PRESTON STREET, BALTIN | | |
|--|---|--|---|---|---|
| ' | 08905 | | CERTIFICATE OF DEATH | TIONE, MARTENNO 21201 | 10398 |
| be retained by the hospital ar ottending physicion. SIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the formula is a should be detached for use as the burial-transit permit. Then please remove carbon papers. Page mond and with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. | 1. DECEASED-NAME First (Type or print) | M.ddle | Last Stevenson | 2a. DATE OF DEATH Month 202 | 2b. HOUR |
| 5 6 | Male Male | 4 RACE Negro | 5 DATE OF BIRTH 06-22-69 | 6 AGE (in years last birthday) | IF JINDER 1 YEAR F JINDER 24 HRS MONTHS DAYS HOURS MIN 2 33 |
| 2 hour | 7o. BIRTHPLACE (State or foreign country) MD | 6. CIT.ZEN OF WHAT COUNTRY? | | COUNTY OF DEATH Prince George' | |
| | Cheverly | g ve street oddress) Frince George | TITUTION (finet in nospital 120 USUAL during mas | OCCUPAT ON (Kind of work done of working life, even if retired) | 126 KIND OF BUSINESS OR INDUSTRY |
| evenit. | | lived, if institution Residence before 13b, COUNTY Prince George s | Palmer Pk. I3d INSIDE CTY LIMIT NO [| I THE TIMES INDINGEN | dy Road |
| 00 1 | 14 FATHER'S NAME First | Middle cast | 15. MOTHER'S MAIDEN NAME FIRE | st Middle | Last |
| | William 16a WAS DECEASED EVER IN U.S. ARMED Yes, na, ar unknown) (If yes give war to | Steven: FORCES? or dates of service) Steven: | SON Agnes | Address | |
| burial, cremation, or removal, and in ony event, within 72 hours | PART I. DEATH WAS CAUSED E IMMEDIATE Canditions, if only, which gave | One couse per line (g/ (o), (b), ond (c)) AUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF | alme lat | 207. ne of memb | APPROXIMATE NTERVAL GETWEEN ONSET AND DEATH |
| 0 | | (c) | IT RELATED TO THE TERMINAL D SEASE OR CO | NOTION GIVEN IN PART 1(a) | |
| 1 | JEL J | NDITION FOR WHICH OPERATION WAS PER | YES NO | 20bF YES, WERE FINDINGS C CAUSES OF DEATH? | |
| 1 | S CAUSE OF CEATH (If either, not fy medical exominer) | | 21c HOW INJURY OCCURRED (Enter r | | Item 18.) |
| | While Not while at work | | ORY.) 21f LOCATION Street or R.F.D. No. | City ar Town | Caunty State |
| | causes stated above, | hospital) attended the decease e an <u>June 22</u> 19 t) (we) (did) (d d not) //ew/the b | d from June 2219-69 7-69, and that in (my) (our) opini ady after death. | g_, taJune_22_, 19 Ion death occurred on the da | 69 , that XIX (we) lost the and hour and from the |
| should be filed with the | 22b SIGNATURE | bu D. fal | | O STAFF COL | June 27,1969 |
| uld be f | 22d. PHYSICIAN'S NAME (Type) Pablo 23o. BURIA. (REMAIION 23b DAI | | | orge's General H | |
| | Cremation 7- | 26-69 Prince 0 | eorge's Gen. Hosp. | 23d LOCATION (City or Town) Cheverly, Pr. G | |
| A15 (4) | 24 FUNERAL DISECTOR | ADDRESS W Pann | 250 PIGE BY | BIO 1969 256 REGISTRARS | SIGNATURE SIGNATURE |



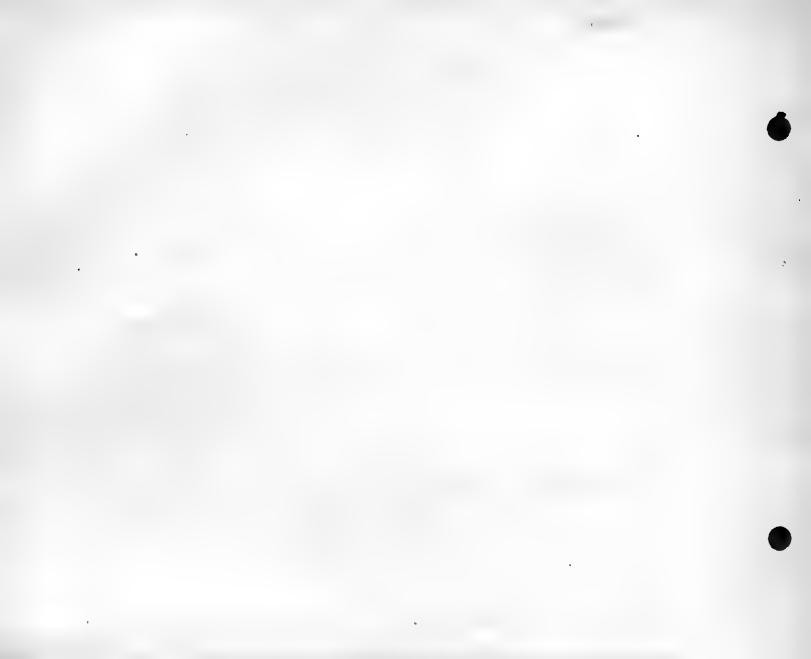
| | | , 1 | | | STATE DEPARTMENT OF H | | |
|-----|--|---------------|---|---|---|--|--|
| | | | n8906 ' | | 801 W. PRESTON STREET, BALTI | MORE, MARYLAND 21201 | 0.0000 |
| | | | 00300 | C | ERTIFICATE OF DEATH | | 08899 |
| | 4 - 24 | Ī | DECEASED NAME First | Middle | Last | 20. DATE OF DEATH | 2b HOUR |
| | funeral funeral ond 2 | | (Type or print) ELS/E | m | STOUT | 6 Month /3 Day | 69 Year 635 PM |
| | fun 1 | 3 | SEX | 4 RACE | S DATE OF BIRTH | A AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | by the f | | FEMALE | CAUCASIAN | 2/4/8 | 6 AGE (In years last burthday) | MONTHS DAYS HOURS MIN |
| | by t | 70 | | | | | |
| | uires that the death certificate be executed within 24 hours after death hysician. gred by the attending physician and completely filled in by the funeral urial-transit permit. Then please remove carbon papers, Pages I and 2 urial, cremation, or removal, and event, within 72 hours after death | £ 10 | patoul | LOT ZEN OF WHAT COUNTRY? | HONKELD THE LEK WHICK IED | 9 COUNTY OF DEATH | |
| | 24 ind in 72 | | IRGINIA | U.S.A | WIDOWED DIVORCED | PRINCE GEOR | 26E5 Md |
| | filled pape | | CITY OR YOWN OF DEATH | 11 NAME OF HOSPITAL OR INST give street address) | TUTION (If not in hospital 120 USUA | L OCCUPATION (Kind of work done | 12b KIND OF BUSINESS OR |
| | ond completely filled in completely filled in papers, in any event, within 72th | | ADELPHI, MI | | ZARE during ma | ist of working life, even if retired) | INDUSTRY |
| | od v | - 13 | USUAL RESIDENCE (Where deceased | lived of institution Residence before | 13c CITY OR TOWN 13a. INSIDE CITY LIN | MITS? I3e STREET AND NUMBER | |
| | omp we | od | m ssion) STATE m | MONTGOMERY | TARON YES NO | 17719 GREE | NWOOD AUE |
| | D C C L L | 14 | FATHER'S NAME FIRST | M ddle Last | IS MOTHER'S MAIDEN NAME FI | | 1000000 1702 |
| | 9 6 9 5 | 1 | ALPHA | EUGENE CARU | 1-01 | | razi |
| | a See a | L- | © WAS DECEASED EVER IN U.S. ARMED | | | GELL HINSO | |
| | 0 2 9 9 | - 1" | Yes, na, ar unknown) (fyes give word | r dates of service) | | Address 7 | TO KOMA PIC, |
| | e death certificate by attending physicing permit. Then please on, or removal, and | - | | | | RN 8312 GREE | |
| | 5 Et E | | 18. CAUSE OF DEATH (Enter only | cause per line for (a), (b), and (c)). | ^ / | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | eaff | | PAKI I DEAFR WAS CAUSED B | CAUSE 101 CVC INO | ma of Lan | 0, _ | 10 ma |
| | afte ern ern | | 1621 | DUE TO, OR AS A CONSEQUENCE OF | / | 1 | |
| | if the | | Conditions, if ony, which gove | | U | | |
| | hat n. y tl ans em | | rise to immediate cause (o), (stating the underlying cause) | (b) | | | |
| | 4 d d d d d d d d d d d d d d d d d d d | | lost | (c) | | | |
| 2 | The law requires that the attending physician. has been signed by the se as the buriol-transity the prior to buriol, cremoting the companion of the companion o | | PART 2 OTHER SIGNISICANT CONDU | | RELATED TO THE TERMINAL DISEASE OR CO | OMBITION CIVING IN DADY 1/ 1 | |
| 10 | red is single | | TAKE & OTHER SIGNATIONAL CONDI | TORS CONTRIBUTING TO DEATH BUT NOT | KECATED TO THE TERMINAL DISEASE OR CO | JADITION GIVEN IN PART I(0) | |
| 100 | VSICIAN: The law reospital or attending certificate has been hed for use as the st. of Health prior to | 2 | 10 - D lys of observation Lot so | | | | |
| | e le ten ten ten os os pric | CERTIFICATION | 190. DATE OF OPERATION 196 CO | NDITION FOR WHICH OPERATION WAS PERF | | 20b IF YES, WERE FINDINGS CO CAUSES OF DEATH? | ONSIDERED IN CERTIFYING |
| | 두 p 라 S 든 | <u>ا ا</u> | | | YES NO Z | | |
| | ATENDING PHYSICIAN: etained by the hospital or CTOR: After this certificate should be detached for usuff the State Dept. of Healt | | | 216 TIME OF INJURY HOUR A.M. Month Day Year | 21c HOW INJURY OCCURRED (Enter | nature of injury in Part 1 or Port 2, It | tem 18) |
| | 記書書 | 150 | | | | | |
| | G PHYSICIAL the hospital this certificate detached for | MED | | ACE OF INJURY (AT HOME, FARM, STREET FACTO | RY.) 21f. LOCATION Street or R.F.D. No. | City or Tawn | Caunty State |
| | this et o | | 21d. !N.URY OCCURRED 21e. PL While Nat while at wark | OFFICE BUILDING, ETC. | 1 | · | |
| | N × + × + × + × + × + × + × + × + × + × | | OF WORK | hasnital) attended the deceased | from 1 5% 119 | to T(1) = /3 190 | that //) /wa\ last |
| | Aft Ab B St | | saw the deceased aliv | e on June 13 19 | from 7 7 7, 19 6 7 and that in (my) (aur) apir ody after deoth. | nian death accurred on the da | te and haur and from the |
| | # FE SE | | causes stated above, (|) (we) (did) (did not) view the bo | ody after deoth. | non dadin ecconed an me agr | te and hast and honring |
| | OR ATTEND be retained DIRECTOR: A le 3 should ed with the 9 | | 22h SIGNATURE | ^ n | | 722c. D | DATE SIGNED |
| | OR DIRECTOR OR OF THE O | | Jan Gr | 5 man show | PREGREE PHYS. DI | ED. STAFF PHYS | 13.69 |
| | L D S | | 22d. PHYSICIAN S | - Collection | 22e ADDRESS | 11113 - 100 | we13/-/ |
| | RA PER CONTROL | 1 | NAME (Type) | | 72/2 Cana | Oans Takani | fart had |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 him. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers, should be filled with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 in the should be the second and the state of the second and the secon | 23 | BURIAL, CREMATION, 23b. DAT | I 220 MANE OF CE | METERY OR CREMATORY | 200 OCADION (C) | 7 |
| | Short Short | 231 | AEMOVAL (Specify) | 1-17 1010 VE | THE TER TOR TEREMATURE | 76 .OCATION (C ty or Town) | (County) (State) |
| | 5 5 | * | EUNERALD RECTOR . CAA | Nakla Tairlas | - Olly | mergan 100 - Ja | acegas VA, |
| | VR At5 (4) 45M - 1/69 | 24 | A Desuit STA | ADDRESS ADDRESS | AN CONTRACTOR III | REGISTRAP CO 250 DEGISTRAP S. | WANTE BERGE |
| | 45M - 1/69 | K | IN THE | 1) do 4 Carre | DATE DATE | 1 1/ 1009 / | 0 ! |



| | - 1 | 1 | | | | DIVISION (| | | | NT OF HEAL | | /I AND 21201 | | |
|---------------------|--|---------------|------------------------|--------------------------------|--------------------|------------------------------------|---|------------------|--------------------|------------------------|--------------------------|---|----------------------|-------------------|
| , | • | 1 | 1) | 8907 | | D. 7.151011 (| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH | | | | | | 089 | 0.0 |
| | death. | Ī | DECEASE (Type o | D-NAME r print) | First Anna | 1 | M ddle | 5 | lost Bulliva | | DATE OF D | Month 5° | Y 19 ⁴ 69 | 26 HOUR 5:45 Am |
| | 1177 E | 3 | SEX | | | 4 RACE | | | 5 DATE OF BIR | TH | | 6 AGE (n years last birthday) 68 YRS. | F LNDER 1 YEAR | F UNDER 24 HRS |
| | by he hours o | _ | Fema | | | | ite | | | 1900 | | 68 YRS. | MONTHS DAYS | HOURS MIN |
| | haurs in by ers Pag 2 hours | | . BIRTHE untry) | PLACE (State or | foreign | 7b. CITIZEN OF | WHAT COUNTRY? | 8 MARRIED [| NEVER MARR | 1ED 9 CO | UNTY OF D | EATH | | |
| | filled in paper thin 72 | | | Irela | nd | | USA | WIDOWED D | | ED □ P | rince | George's | | Md. |
| | | C | heve | R TOWN OF DE | | P. | NAME OF HOSPITAL OR ve street address) rince Geor | ge's Ger | tun haspital Hosp | during most of Housew: | LPATION (I working it | Kind of work dane is, even if retired) | 126 KIND OF INDUSTRY | BUSINESS OR Home |
| | ecuted with campletely ave carbar y event, w | | | L RESIDENCE (V STATE MT | Vhere decease } | d lived, if instruction 13b COUNTY | tut an Residence befor ' | 13c. CITY OR | TOWN 13 | YES NO NO | 13e STRE | ET AND NUMBER | Avenue | |
| | and and remain any | 14. | FATHER | ES NAME | First | Middle | | | | DEN NAME First | 1 00 | Middle | Avenue | Last |
| (| a /a :: | t l | | 1 | Michae | 1 | Quinn | | | McMahon | | | | **** |
| (| sicion of please r | 16 | Yes, no. | DECEASED EVER , ar unknawn) | IN U.S. ARMI | | 16b. SOCIAL SECURIT | | FORMANT | | | Address | | |
| g ph hen mayo | - | | Alice de bea | TH (Enter pole | | 088-03-7 | | s. Hele | en M. Ada | ams, Si | ame as bl | k 13e | AATE INTERVA. | |
| | The law requires that the death certificate of the advisoring physician. The burial-trans-t permit. Then ple th priar to burial, crematian, ar remayal, a | | 10 | PART I DEATH | -WAS CAUSED | BY TE CAUSE (a) | Ine for (a), (b) and (| me of | orar | 5 - 70 | Zun | nal | BETWEEN OF | NSET AND DEATH |
| | nt the the at is t per | | Cand | t ans, if any s | which gove t | DUE TO, O | R AS A CONSEQUENCE, O | F. L | 0 | | | | | |
| | that an. by th rans t | | rase 1 | a immediate | couse (a), | (b) | | | - Mini | 13. | | | | |
| | d b Tro | | slata last. | ng the underly | ying couse | | R AS A CONSEQUENCE O | r | ı | / | | | | |
| 0 | equires physicic signed buriaf-ti burial, c | | PART | 2 OTHER SIGN | WELCANT COME | (t) | BUTING TO DEATH BUT | NOT RELATED TO | THE TEDMINAL I | DISEASE OPCONDIT | ION C YEN | N DART I(-) | | |
| m | rec ng p | | | | | | DOTATO TO OCKIII DOT | NOT RECITED TO | THE RESIDENCE | DISTROL GREGIOII | ION O YEN | R PAK! I(u) | | |
| do | low bee s th iar 1 | CERTIFICATION | 19a D | ATE OF OPERAT | ON 19b C | ONDITION FOR V | VHICH OPERATION WAS I | ERFORMED | 200 AUTOPS | 345 | 120b IF Y | ES, WERE FINDINGS (| ONS DERED N CE | PTIFYING |
| 1 | he afte | 18 | | | | | | | YES [| NO 🗍 | | F DEATH? | OUNT OF REE | KIII IIIIO |
| • | or The | | | ACCIDENT WAS | | | OF INJURY | 21c HQ\ | | _ | e of interv | n Part 1 or Part 2, | Item 183 | |
| | **SECIAN: The law range in the spiral or attending certificate has been thed far use as the ot. af Health priar ta | MEDICAL | □ OR (If eit | contributing [| cause of DEATH | HOUR A.N | | r 19 | | (- | | | | |
| | OR ATTENDING PHYSICIAN: The law requires that the death certificate exects be retained by the maspital or aftending physician. DIRECTOR: After this certificate has been signed by the attending physician and called 3 should be detached for use as the burial-transf permit. Then please remained with the State Dept. af Health priar to burial, crematian, ar remayal, and in any | M | 21d While at war | INJURY OCCUR! Rat while | RED 210 F | LACE OF INJURY | (AT HOME FARM, STREET F OFFICE BUILDING, ETC. | ACTORY.) 21F LOC | ATION Street | ar R.F.D. Na. | City or | Tawn | County | State |
| | ING by t ffer be o | 1 | 22a. | I certify th | not (1) (this | hospital) a | ttended the deceo | sed fromJur | 1e 4 | , 19_69_, | taJ | une 5 , 19 | 69 , that | (We) last |
| | ATTENDING prained by th CTOR: After th should be de vith the State | | | saw the de | eceased ali | ve on | June 5 | 19.69 and | that in (mv) | (our) apınian | death ac | turred on the do | ite and hour o | ind from the |
| | ATT Shair iff t | | 22b 5 | GOOSES STO | ed doove, | (i) (we) (uit |) (ala flat) view the | body offer de | SOIII. | | | 22- | DATE SIGNED | |
| | OR De re od w | Н | | K | 7. 19 | litely | | DEGRE | ATTENDING PHYS | ☐ MED DIRECTO | R \square | | June 5, | 1969 |
| | TO HOSPITAL OR ATTENDING PHY Page 4 may be retained by the TO FUNERAL DIRECTOR: After this director, page 3 shauld be detacted by the State Department of the State Department | | | PHYSICIAN'S NAME (Type) | Luis | Bentoli | la, M.D. | | 22e ADDRE Pri | SS | | General | | |
| | HOS ge 4 FUN recte | 230 | BURIA | L, CREMATION | 23b D/ | ATE . | 23c NAME O | CEMETERY OR C | REMATORY | 23d | LOCATION | (City or Town) | (Caunty) | (State) |
| | 5 5 5 章 4 | | REMO | VAL (Specify) | Jun | e 7.196 | 69. Mt. (| livet C | emeter | | | nington, | | |
| | VR A15 (41 | 24 | | AL DIRECTOR | . 41 | الماداري | - Se Pradores | 5 6 . 0 | , Ž | Sa REC'D BY REGI | STRAR | 25b REGISTRAR'S | SIGNATURE | |
| | VR A15 (4) 45M 1 69 | 0 | La | M HOLA | 4 the | meral | Honel | Carl Ham | n. Md. | ALIN 1 0 | 1969 | Miland | an Anna | |

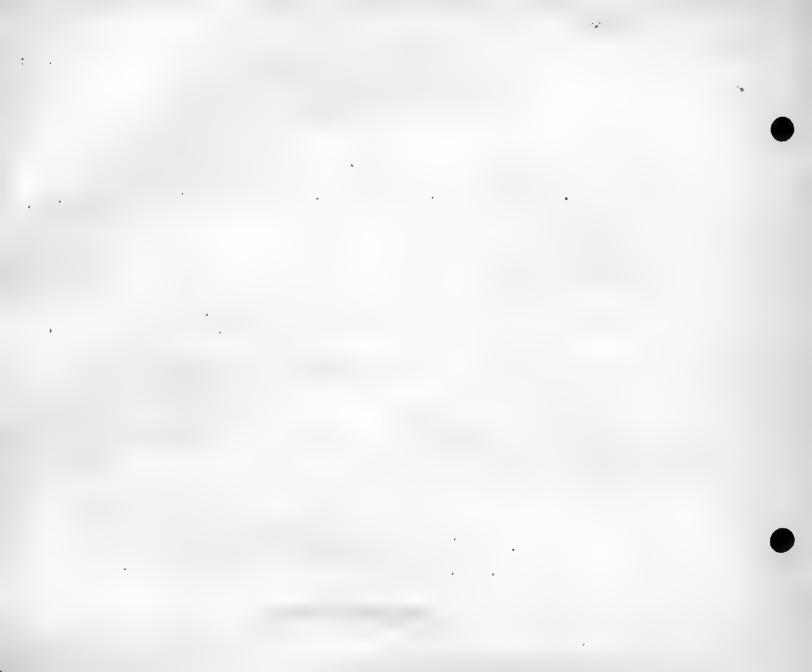


| • , , | l. | | | D STATE DEPARTMEN | | | | |
|---|---------------|---|---|-------------------------------|--------------------------|-----------------------------------|----------------------------|-----------------------------|
| | ı | 0890S D | IVISION OF VITAL RECORDS, | | | RYLAND 21201 | 0.00 | C) -4 |
| • | | 00000 | | CERTIFICATE OF D | EATH | | 089 | 13. |
| - 24 | | CEASED NAME First | Middle | Last | Zo. DATE O | F DEATH | | 2h HOUR |
| hin 24 haurs after death filled in py the funeral n papers Roges 1 and 2 thin 7250 uts after death | (| ype or pont) (Frank | () Francis Gre | gory Swani | 2 | June Doy | Yegr | 2b. HOUR |
| ar d | 3 5 | | 4. RACE | S. DATE OF BIRTH | | | IF UNDER LYEAR I | |
| affe ges affe | | male | White | | | 6 AGE (In years last birthday) | | F UNDER 24 HRS HOURS MIN |
| 17. T | 2. | | | | 2-93 | 7.5 YRS | | |
| pd g ~ 3 | cant | IRTHPLACE (State or fore.gn 7b | . CITIZEN OF WHAT COUNTRY? | 8 MARRIED 🔀 NEVER MARRIE | | | | |
| 7 Per Li | _ | maryland | U.S. A. | WIDOWED DIVORCED | Pru | nce Gear | res Co, | Md |
| ili ja gara 🚶 | 10 (| TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR IN: give_street address) | STITUTION (If not in hospital | 120. USUAL OCCUPATIO | (Kind of work done | 12b. KIND OF BU | JSINESS OR |
| ote be executed within 24 has ition and campletely filled in lease remove carbon popers and in any event, within 7 | | Clinton | Pine View G | adens | during most of working | lite, even it refired) | BULLER | ng |
| ed y | 130 | | lived f institution. Residence before | 13c CHY OR TOWN ata 3d | | TREET AND NUMBER | Trac | des |
| or eve | adm | ision) STATE ma - | 13b/COUNTY Charles | Hughes VILLE YI | S NO | | | |
| d co | 14 9 | ATHER S NAME First | Middle Last | 15 MOTHER'S MAIDE | N NAME Erst | Middle | | Lost |
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| if the death certificate the attending physician sit permit. Then please nation, ar removal, and | IAn | WAS DECEASED EVER IN U.S. ARMED | | | | | | |
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| phy phy over | | | | | Taucy I | a Plata | _Md. | |
| o q iii a | | 18 CAUSE OF DEATH (Enter only o | ne couse per line for (a), (b), and (c) | 1 1 - 0 als | | | APPROXIMAT BETWEEN ONSE | T AND DEATH |
| end mit. | | PART I. DEATH WAS CAUSED BY | CAUSE (a) | evrax He | mylow | 178 | 571 | comt- |
| aft and and and and | | 4 11 | DUE TO, OR AS A CONSEQUENCE, OF | 0 2 | NI | 1 0 | 00 | |
| the the sit | | Conditions, if any, which gave | (h) Chillre | occurre- | MenRues | mains | re 2 | Mo. |
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| es sicic ed l | | lost | 10 Copi | elral De | nile Der | molone | | |
| requires that the death certificate be executed within 24 haurs after death a physician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remaye carbon papers, logges 1 and 2 burial, cremation, ar remayal, and in any event, within 72 outs after death | | PART 2 OTHER SIGNIFICANT CONDIT | ONS CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINAL DI | SEASE OR CONDITION GIV | N IN PART 1(n) | | <u>_</u> |
| ng la | -,- | | Al MIT TO | P. FROL | 110 | , | | |
| Main and it | IIO | 190. DATE OF OPERATION 19b. CON | DITION FOR WAICH OPERATION WAS PE | REFORMED 2Do. AUTOPSY | 2 206 1 | F YES, WERE FINDINGS (| ONCORPED IN CERT | LICAMO |
| The law re attending has been se as the th prior to | E | | | YES 🗆 | | S OF DEATH? | ONSIDERED IN CERT | 111110 |
| ar our course | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | 21b TIME OF INJURY | 21c HOW INJURY OCCUR | _ | D 4 2 . D 4 2 | 101 | |
| He He | | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. Month Doy Year | 210 NOW INJURY OCCUR | ttu (Enter nature at inf | iry in Port Cor Port 2, | item 18.) | |
| SIC spit ed ed ed ed ed | MEDICAL | If either, notify medical examiner) | P.M19 | | | | | |
| HA ho ho ach ept | 2 | 21d. INJURY OCCURRED 21e. PLA While Not while 1 If work at work | CE OF INJURY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC | TORY.) 21f LOCATION Street or | R.F.D. No. City | r or Town | County | State |
| the det | | | | 0/1 | | 11 | 1- | |
| State State | | 22a I certify that (I) (this h | iospit <mark>ol) gHended the decease</mark> | ed from | _ , 19_65, to_ | 6/7_, 196 | that (I | i) (we) last |
| ed e | | saw the deceased alive | on 6/2 | 967, and that in (pry) (| aur) opinion deoth | accorred on the da | te ond hour on | id from the |
| # Figure 17 | | 22b. SIGNATURE |) (we) (did) (did nat) view the | oajzy arrer dearn. | | | | |
| % 3 S S S S S S S S S S S S S S S S S S | | ZZO. SIGNATURE | O Porton | ATTENDING | CM MED | STAFF - | DATE SIGNED | |
| on per | | - Clifu | (Offin | 17 DEGREE PHYS | DIRECTOR D | РНҮЅ 🔲 | 6///6 | 9 |
| May Par | | 22d PHYSICIAN'S NAME (Type) | -FO1500 1 | A PINI 1200 ADDRESS | 6/11/ | TXAL W | 5 | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached for use as the burial-transit permit. Then please remave carban page should be filed with the State Dept. at Health prior to burial, crematian, ar remayal, and in any event, within 7 | | | 1 ac f 6.67 | | SULTO. | 000,011 | <u></u> | |
| HC FUI | 23a | BURIAL, CREMATION, 236 DATE | | CEMETERY OR CREMATORY | | ON (City or Town) | , ,, | (State) |
| 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | | Mary's Cemet | ery Br | yantown, | Md. | |
| VR AIS DUA | 24 | UNERAL DIRECTOR | ADDRESS | 250 | RECD BY REGISTRAR | 25h REGISTRARS | S GIVETURE | 1 |
| VR A15 41 | | rehart & une | ul bome m. d. | a Clata, my, | MN 17 1969 | 1 1 maries | Jan Barre | |
| - 4 | | | | | | | | |



| | | 08909 DIVISION OF VITAL RECORDS, 301 W. PRESTON ST | | 0.0000 |
|---|--------------|--|---|---|
| FOR STATE | | FILE PAPER CONTROL OF COLUMN | IFICATE OF DEATH | 08902 |
| HEALTH DEPT. | | (EASED NAME First Middle pe or Print) | 20. DATE KNOWN Month | |
| ta t | | Clarence Albert | DEATH MATED A | 6 169 am M |
| ny delay is 2, and 3 ta PM3. Page | 3 5 | | F UNDER 1 YEAR IF UNDER 24 HRS 2C DATE PRONOUNCED DEAD Manth Day 7 | year 69 11:00 |
| | 70. | RTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED | NEVER MARRIED 9 COUNTY OF DEATH | |
| the Depo | cour | Maryland U.S.A. WIDOWED | | Md. |
| ith again | 1D. (| TOK TOWN OF DEATH | | 126 KIND OF BUSINESS OR |
| the the | | | ge - osbitogi. | INDUSTRY |
| s after 18. Giv alang 2 with 1 | | ISUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR 1 | | 70 Decem |
| 18. 18. de de de | u | russion) STATE Md. 136 COUNTERINCE George Uppe | Thoro YES NO Ex Rt 2, Box 200 | Station Rd |
| hours after death Item 18. Give Pages 1, Office alang with farm Aand 2 with the State De after death. | 14 F | THER'S NAME First Middle Lost 15. | MOTHER'S MAIDEN NAME First Middle | Last |
| | | Greenburry Sweeney | UNK | |
| within 24 hours after death pengal in Item 18. Give Page xaminer's Office along with ite pages 1 and 2 with the State 72 hours after death. | | 5, no, at unknown) (Il yes give war or dates al service) | Roy Sweeney (son) 8904 Wa | inton Md. ayne Dr |
| be executed wit "pending" in p≡ nief Medical Exgf ansit permit file> event within 72 | | 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| executed inding" in Medical E i permit f | | PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hear | t failure | Minutes |
| Mexicon nt v | | DUE TO, OR AS A CONSEQUENCE OF COLO | ific aortic stenosis and | |
| be "pe "pe in | | Conditions, if any, which gave | rtensive heart disease | Years |
| ward ward the Ch | | nse to immediate cause (a), (a) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF | | |
| should be en ward "per a the Chief I burial-transit in any ever | | lost (c) | | |
| This certificate is fracte, writing the be farwarded to do be used as a bor remayal, and | 2 | ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE | HE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) | |
| certiti writti arwar used mava | FICATION | 9a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION | ON | 2D AUTOPSY? |
| his of the effort | TFIC | WAS PERFORMED? | | YES - NO |
| T 70 T | MEDICAL CERT | TIG EXTERNAL CAJSE WAS PRIMARY OF CONTRIBUTING HOJR A.M. CAUSE OF DEATH 21d. TIME OF INJURY Month, Day, Yeor PLOTE HOJR A.M. P.M 19 | IOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, 11 | lem 1B) |
| AAM aur age rem | ME | Id INJURY OCCJRRED 21e. PLACE OF .N. JRY (At home, form, street, factory, affice building, etc.) 21f LC while at work | OCATION Street or R.F.D. No. City or Town | County State |
| uty blease execute neral director. Page be retained for you be retained for you be retained for you create bleast birectors. Page RAL DIRECTOR: Page | | 22a. I certify that I taak charge of the remains described above, he | eld an Autapsy 📆 Inspection 🕱 Inquiry | to ond in my opinion |
| ICAL E r executor. Pa ed far. Pa CTOR: burial, | | | ucide . Homicide . Undetermined manner | |
| please e director retained DIRECT | | | CHIEF MED CAL EXAMINER | |
| To de de la composition della | | ACTUAL SIGNATURE SOME STATE ST | M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE | SIGNED |
| TO DEPUTY DICA necessary, please ex the funeral director. 5 may be retained it to FUNERAL DIRECTO Health (priar ta bur | | EXAMINER'S NAME (Type) Nohn Kehoe, M.D., Riverdale | DEPUTY MEDICAL EXAMINER 6—8 ADDRESS(Street, city, town, ar county) | 3–69 |
| TO DEPL necessa the fun 5 may 10 FUNE Health | 230 | BURIAL, CREMATION, / 236 DATE 230 NAME OF CEMETERY OR | | (County) (State) |
| | | PEMOVA: (Snar fri) | | Maryland |
| 1 | | JNERAL DIRECTOR I/ee F neral Home ADDRESS | s Cemetery Leeland 256 REGISTRAR S | SIGNATURE |
| VR A15ME (A) | 1 3 | 00 4th St n.e. Wash D.C. | DATE JUN 1 2 1969 4000 | relay Jacobson |

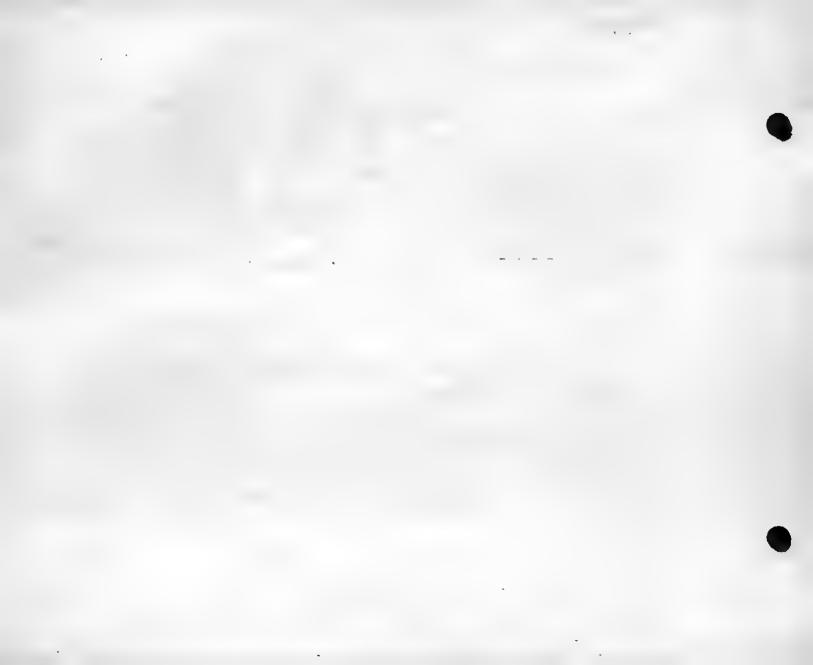
MAKTLAND STATE DEPARTMENT OF HEALTH



| / / | ١. | MAKTIAND STATE DEPARTMENT OF HEALTH |
|--|-------------|--|
| AND . | | tem5& division of vital records, 301 W. Preston street, Baltimore, Maryland 21201 (tem1 FilmGlill 7/22/69 kk CERTIFICATE OF DEATH 08903 |
| - 2- | | teml FilmGully 7/22/69 kk CERTIFICATE OF DEATH ECEASED NAME First Raphael Middle Closs 20 DATE OF DEATH 2b HOUR |
| a se para | | Type or print) Cornelius Ray trained Sweeney June 25 19647: 45-70 |
| を一点 | 3 51 | X 4 RACE S. DATE OF BIRTH 2/8/1888 6. AGE (In years) IF UNDER I YEAR IN SHORE 24 HRS. |
| sours after death | | There where |
| by by | 7o : | BIRTHP ACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED S NEVER MARRIED Prince George |
| illed in 72 hin | | Md Md |
| within 24 ely filled i ban paper | A. | delphi, 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital like usual occupation (kind of work done give street oddress) 0407 Druxton oad ring most of working of year rayed) 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital like usual occupation (kind of work done libb kind of Business OR INDUSTRY (III)) 1 NAME OF HOSPITAL OR INSTITUTION (II not in hospital libb usual occupation (kind of work done libb kind of Business OR INDUSTRY (III)) 1 NAME OF HOSPITAL OR INSTITUTION (II not in hospital libb usual occupation (kind of work done libb kind of Business OR INDUSTRY (III)) 1 NAME OF HOSPITAL OR INSTITUTION (II not in hospital libb usual occupation (kind of work done libb kind of Business OR INDUSTRY (III)) 1 NAME OF HOSPITAL OR INSTITUTION (III not in hospital libb usual occupation (kind of work done libb kind of work done libb kind of Business OR INDUSTRY (III)) 1 NAME OF HOSPITAL OR INSTITUTION (III not in hospital libb usual occupation (kind of work done libb usual occupation (kind occu |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the bur al-transit permit. Then please Tethnove carbon papers. Poshould be filled with the State Dept. af Health prior to busial, cremation, ar remayal, and in any event, within 72 haurs thould be filled with the State Dept. Attendity to the complete the complete that the state Dept. The complete the complete that the comple | 13a. adm | USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c. CITY OR TOWN 13d inside CITY LIM 157 13e STREET AND NUMBER (SSION) Planyland 13b Politice George Adelphi YES NO 10407 Truxton Road, |
| exa pulson | 14 | FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost 7. Superage 9. Rejulia |
| ond in ord | <u></u> | June 3 |
| physican and avoil, and in an avoil, and in an | 160 | WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, ar unknown) (if yes give wor or dates of service) 189-18-8772 [Leanor R. Sweeney 10407 Druxton Rd. Adelphi |
| phy phy navon | - | APPROX.MATE INTIQUAL |
| ne death cer attending p permit. The | | PART I. DEATH WAS CAUSED BY. |
| attendi permit. | | IMMEDIATE CAUSE (a) LANGE PANTAMONTES STATES OF LANGE PANTAMONTES STATES STATES OF LANGE PANTAMONTES STATES STATES STATES STATES OF LANGE PANTAMONTES STATES |
| the state | | Conditions, if any, which gave 3 VLAF3 |
| tending physician. Is been signed by the attending physics as the bur al-transit permit. Then prior to busid, crematian, ar remayal, | | stating the underlying cause (a), OR AS A CONSEQUENCE OF Carpling cause (c) Cirper Oscherofie Carplingscular Sugare 15-years |
| w requir ding physeen sign the bur or to burio | _ | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) |
| tendir | CATIO | 190. DATE OF OPERATION 396. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| AN: The all or att icate hat the alth p | CERTIFI | AF2 NO - |
| YSICIAN: The law range of the state of the s | MEDICAL C | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 19 19 19 19 19 19 1 |
| D HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or all 5 FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filed with the State Dept. of Health | 華 | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State at work |
| Aby # After | 1 | 22a. I certify that (I) (this hospital) attended the deceased from Feb. 27, 1969, ta 1969, ta 1969, that (I) (we) last saw the deceased alive on 1969, and that in (m) (our) opinion death accurred on the date and from the |
| R: Af | L | sow the deceased alive on 19 19 19 2, and that in (av) (our) opinian death accurred on the date and haur and fram the couses stated above, (1) (we) (alia) (did not) view the body ofter death. |
| ATT ATT | | 22b. SIGNATURE 22c. DATE SIGNED |
| Ped 3 ed 3 | ı | PENIS MEN MEN DEGREE PHYS DIRECTOR DIRE |
| HOSPITAL OR ATTEN age 4 may be retained FUNERAL DIRECTOR: rector, page 3 should hould be filed with the | | 22d. PHYSICIANS NAME (Type) R.D. Baner. Bangy. D. 22e ADDRESS 2513 Bucklange K.M. avely, mol. P.6 |
| HOS ge 4 FUNI recto | 230. | BUR AL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) |
| 5 등 수 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 | | Burial June 38, 1969 St. Marys Cemetery Hanover Township, Wilkes-Rarre |
| VR A15 (4) 30M REV, 1/68 | | larner E. Pumphrey, Inc., 8434 Ga., Ave., SAS, DALIN 30 1989 Liceles Judge. |
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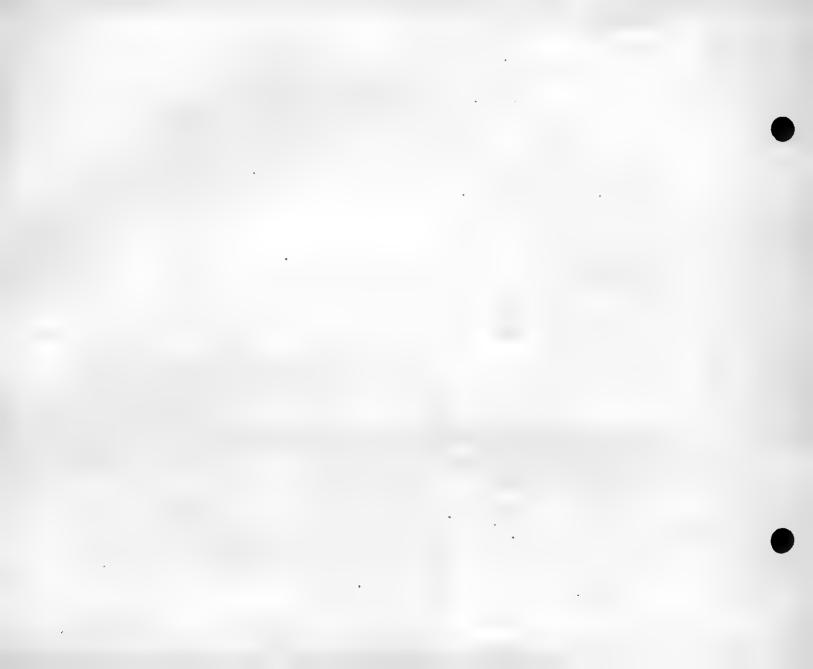
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|----|--|---------------|---|--|--|--|-------------------------|-------------------------------------|-----------------------------------|
| - | 7 | | 000 | DIVISION OF | VITAL RECORDS, 3 | OI W. PRESTON STR | EET. BALTIMORE | . MARYLAND 21201 | |
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| | 를 함께 하 | 7 | 1 | Nau | Ah A damed) | May 1 | C. 1824 | last birthdoy) YRS. | MONTHS DAYS HOURS MIN. |
| | Z > 0 5 | - / | _ KN OX | To contract | CA SCA | | 2 | | |
| | hours | /0 | BIRTHPLACE (Stote o Gorplan) | 7b. CITIZEN OF WH | MAT COUNTRY? | MARRIED 🔲 NEVER MARR | JED 9. COUN | ITY OF DEATH | |
| | in ers. 2 h | 27 | 学・ピップラ | 1 4 | | WIDOWED A DIVOR | | MRince Sti | OK SI Md |
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| | art et | 130 | USUAL RESIDENCE (Where dec | reased lived, if institut | on Residence before | 3c CITY OR TOWN | 3d. INSIDE CITY LIMITS? | 3e STREET AND NUMBER | inst |
| | o a ve | o dm | ission) STATE | 13K, COUNTY | | 1.17 | YES NO | 1 . Ma | 1 410: 500. |
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| | e executed with | 14. | FATHER S NAME First | Middle Middle | Last | 15. MOTHER S MAI | DEN NAME First | Middle | Lost |
| | ord in any event, within 72 | 17. | Shoul . | | SAVILLE | ma | 7-1 is | | KYO (DON) |
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| | vsician of pease | | | ARMED FURLES! | 100 SOCIAL SECURITI NO | | 4 15 11 | Address | . 024 St. M. C. |
| | law requires that the death certificate be executed within 24 hours after death noting physician. been signed by the attending physician and completely filled in by the funeral she burial-transit perm.t. Then please remave corban papers. Purest and contabunial, cremation, ar remayal, and in any event, within 72 hour attendeath | l ' | 710 | | B3 20230 | 26 %. 01 | anh Balla | 411 2 11 (LOD | responsible and a |
| | na hel | | 10 CALICE OF BEATU IS | s and the same and the | 6 (-) (b) 3 (-) 1 @ | | | | APPROXIMATE INTERVAL |
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| 2 | e faw retending as been as the prior to | 18 | 190 DATE OF OPERATION 1 | 9b. CONDITION FOR WH | ICH OPERATION WAS PERF | ORMED 200 AUTOF | SY? | 20b IF YES, WERE FINDINGS CO | INSIDERED IN CERTIFYING |
| 10 | attending particular to the prior to the prior to the prior to the particular to the | CERTIFICATION | | | | YES 🗀 | но | CAUSES OF DEATH? | |
| 11 | IAN: The ol or afficate ha for use Health I | E | | | | | | | <u> </u> |
| N | d al al al ficate far y | | 210 ACCIDENT WAS UNDER | | | 21c HOW INJURY OCC. | IRRED (Enter noture | of injury in Port 1 or Port 2, 1 | tem 18.) |
| | ₩ 直 売 売 並 | 3 | OR CONTRIBUTING CAUSE OF | | Month Doy Year | | | | |
| | PHYSICIAN: The he haspital or after this certificate has letoched for use a Dept. of Health pr | MEDICAL | | | AT HOME FARM, STREET FACTO | RY 1 21f LOCATION Street | D C D Ma | Catalana Tarana | County State |
| | PHYSI he hasp his cer etached Dept. | | While Ca Not while Ca | THE PLACE OF INDUKT | OFFICE BUILDING, ETC. | " J ZIT LOUARON SITEB | OF KLED NO | City or Town | County State |
| | £ = 9 ~ | | While Not while of work | | | | | | _ |
| | ADING by the After the definition of the definit | 1 | 22a L certify that | (this hasnital) attr | ended the deceased | from 9-29 | 1967 | a 6 - Z , 19 | 69, that (1) (we) las |
| | A 축 O S | | saw the deceased | | -3119 | ong that in (my | | eath assured on the dai | te and haur and from the |
| | 20000 | | couses stated ab | ava (I) (wa) (did) | (d d nat) view the pa | dy after death | Magil abilian a | contractoring an the agr | ie dia naoi and nom me |
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| 4 | Trending by FOR: After hould be the Star | | | Great (we) (ala) | ta a man, enough ma ac | | | 20.0 | ATC CIGATED |
| 6 | retainer ECTOR: 3 should with the | | 22b SIGNATURE | a (D | | ATTENDIN | G 👍 MED | STAFF 22c. C | PATE SIGNED |
| | OR ALTEN be retained JIRECTOR: A e 3 should ed with the | | | 000 | | D. DEGREE PHYS. | G MED DIRECTOR | STAFF 22c. D | PATE SIGNED |
| | AL OR ATTENDE by be retained L DIRECTOR: A age 3 should filed with the | | 22b, SIGNATURE 22d, PHYSICIAN'S | 000 | | ATTENDIN | DIRECTOR | STAFF C | ATE SIGNED |
| | may be retained RAL DIRECTOR: page 3 should be filed with the | | 22b, SIGNATURE 22d, PHYS-CIAN'S | a. John | nson M | DEGREE PHYS. | DIRECTOR | STAFF C | COPINA |
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| , 1 L/ | T | Tteml FilmGlil MARYLAND STATE DEPARTMENT OF HEALTH 7/15/69 kk 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | |
|--|---------------|---|---|--|--|--|--|
| FOR STATE | | 7/15/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 RECEASED-NAME PECEASED-NAME PECEASED-NAME PROPERTY MODIFIED IN COLUMN TO MARKET MARYLAND 21201 | 10402 | | | | |
| HEALTH DEPT. | j. D | DECEASED NAME First Middle Last ' 20 DATE KNOWN Magib | | | | | |
| 2 0 8 40 W | | Type or Print) | 20. NOUR | | | | |
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| Garage de la company de la com | 7. | Tale Thite 5-16-1932 10st brithday) MONTHS DAYS HOURS MAY Manth Day | 69°19 11:30am | | | | |
| ny delay s 2, and 3 to PM3. Page | 7a | BIRTHPLACE (Stole or foreign 7b, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH | O7 17 III JOHN | | | | |
| e D | 1003 | Wash., D. C. USA WIDOWED DIVORCED Prince George's | Md. | | | | |
| ath age th f | 10. | LIF OK TOWN OF DEATH I I NAME OF HOSPITAL OR INSTITUTION (It not in hospital 112g, USUAL OCCUPATION (Kind of work done 1 | 126 KIND OF BUSINESS OR | | | | |
| hours ofter death any deleter 18 Give Pages 1, 2, and Office olong with farm PM3. I and 2 with the State Department ofter death. | | Hyattsville give street oddress) during mast of working life, even if retired.) | Stock | | | | |
| ofter 8 Gin olong with | 130 | USDA, KESIDENCE (Where deceased lived, it institution: Residence before) 130 CITY OR TOWN 13d. INSIDE CITY DIMENS 13e. STREET AND NUMBER | | | | | |
| 75 o 18 2 W 2 W | | dmission STATE 13b COUNTY Brince George's Hyattsville YES NO 8307 14th, Av | renue | | | | |
| I hours ofter ltem 18 Gr Office olong 1 and 2 with | 14. | ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle | Last | | | | |
| A rin I was I say | | Robert N. Taylor, Sr. Kathryn | Joyce | | | | |
| within-24 in pencil in Examiner's File pages 7.72 hours | | WAS DECEASED EVER N U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (brother-in-law) ADDRESS1716 | Wilmart St. | | | | |
| | - | Yes 1952-1954 579-42-3080 Mr. Laurence Boldo, Jr. Rockville | | | | | |
| rted in rail E | | IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (t)) PART I. DEATH WAS CAUSED BY | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| ding | | IMMEDIATE CAUSE (a) LIVER ISLITURE | | | | | |
| e e: pen ef N sit i | | Conditions, if any, Which gave) DUE TO, OR AS A CONSEQUENCE OF Cirrhosis of liver | | | | | |
| d b d b Chirl | | rise to immediate couse (a), (10) | | | | | |
| should be executed with the word pending in personal personal burial transit perm. File I in any event within 72 | | stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| INER: This certificate should be executed secretificate, writing the word "pending" in should be forwarded to the Chief Medical Efiles. 3 should be used as a burial-transit perm to the file, in the second of the file. | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | |
| ing ing ided ided os o | _ | The Parish State of Continuous and the State of the Tenning District of Continuous and the Take I (u) | | | | | |
| Try DICAL EXAMINER: This certificate by please execute the certificate, writing the stand director. Page 4 should be forwarded to be retained for your files. AL DIRECTOR: Page 3 should be used as a brian to bur ol, cremation, or removal, and | CERTIFICATION | 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION | 20. AUTOPSY? | | | | |
| is c for for rem | E S | WAS PERFORMED? | YES MO 🔀 | | | | |
| AL EXAMINER: This certificate, write execute the certificate, writor. Page 4 should be forward for your files. TOR: Page 3 should be used our ol, cremation, or remova | 83 | 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of in ury in Port 1 or Port 2, its | | | | | |
| INER: e cert should files. 3 shou cation, | MEDICAL | PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 | | | | | |
| MIN the tsh rffl 33 mat | ME | 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, white more more with a factory, affice building, etc.) | County State | | | | |
| DEPUTY BICAL EXAMINER: stessary, please execute the cert e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to bur ol, cremation. | | WHILE MOT WHILE Tactary, office building, etc.) | | | | | |
| Xecuxecuxecuxecuxecuxecuxecuxecuxecuxecux | | 22a certify that I taak charge of the remoins described obove, held on Autopsy, Inspection 🔀, Inquiry | , and in my apinian | | | | |
| Sic e ctor ned ned bu | | death resulted from: Natural scouses 🖈, Acrident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner | | | | | |
| pleose I director retoined | | ACTUAL CHIEF MEDICAL EXAMINER COLUMN | | | | | |
| Y, p Y, p roll roll AL | | SIGNATURE M.D. ASS STANT MEDICAL EXAMINER 225. DATE | | | | | |
| EPUTY SICA ISSARY, pleose ex- funeral director. oy be retained in INERAL DIRECTO | | EXAMINERS / | 7-10-69 | | | | |
| TO DEPUTY necessary, the funero 5 may be TO FUNERA! Health pr | 22- | NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) BUR AL, CREMAT ON, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) | | | | | |
| 7 - 50 | 230 | REMOVAL (Specify) | (County) (State) | | | | |
| | 24. | Surial / 7/11/69 Cedar Hill Cemetery Suitland, Marylan FUNERA, DIRECTOR ADDRESS 125g REC BY REG STRAR 125b, REGISTRAR'S | S GNATURE | | | | |
| VR A15ME (5) | | | Wa . O dum | | | | |



| | - 1 | MAKTLANU STATE DEPAKTMENT OF MEALTH | |
|--|----------|--|---|
| FOU STATE | | 18913 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08905 |
| HEALTH DEPT | <u> </u> | DECEASED NAME FIRST Middle LOST A DATE KNOWN Month | Day Year 2b, HOUF |
| .u e e la | | (Type or Print) Thomas THUK HENRY Anthon A-S OF ESTI- DEATH MATED X 6-18 | |
| deloy is and 3 to 13. Page | | SEY A PACE OF DISTALL A AGE OF THE PACE OF THE PROMOTER PACE OF THE P | 2d HOUF |
| de A3. | | Male Thite 7-29-1897 71 YRS. MONTHS DAYS HOURS MAN 18 Day | 69° 193:28am |
| £ 2, d. 0 | | o. BIRTHPLACE (State or lareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH | 0/ 11/2.200111 1 |
| s ofter death 18. Give Pages 1, 2 along with form death. | | Ountry ENGLAND USA WIDOWED DIVORCED Prince George's | M |
| ath tage th t | | D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USDAL OCCUPATION (Kind of work done | 126 KIND OF BUSINESS OR |
| offer death. 3. Give Pages along with for w.th the State eath. | | Cheverly Give street oddress during most of working life, even if retired Outlief of the Armed | INDUSTRY RESTAURAN |
| rs ofter 18. Giv e along death. | 4 | Cheverly Prince George Hospital OWNER OPERATOR 3a USJA, RESIDENCE (Where deceased lived in institution: Residence before 13c (TTY OR TOWN 13d INSIDE CITY (IM TS? 13e STREET AND NUMBER | 1311100111 |
| | 16 | odorssion) STATE 13b COUNTY George's Laurel YES NO 709 4th, Stre | et |
| hours Office offer of | 1 | 4. FATHER S. NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle | Last |
| 2 - 2 - 2 | / [| SAMUEL THOMAS KUSINA W | LICKINS |
| within 24 pencil in cominer's le pages 72 hours | | 6d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, grupknawn) (() yes give war or dales of service) 17 INFORMANT ADDRESS | |
| n pencil i Exominer Exominer File page | - | YES WWI-WWZ MARGARET THOMAS - | ABOVE |
| red ol E it. F | | 18. CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).) PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY PROPERTY OF THE PROPERTY OF | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| be executed "pending" in nief Medical E susit permit. Fevent within | | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Rupture of abdominal aortic ancurysm | |
| ex end f M if p | | DUE TO, OR AS A CONSEQUENCE OF | |
| d "pe d "pe Chie | | Canditians, if any, which gave is to immediate cause (a) (b) | |
| should be e e word "per the Chief- nurial-transit in any ever | | storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF | |
| Ar de gara | | last (c) | |
| s certificate should be executed be, writing the word "pending" if forwarded to the Chief Medical tused as a burial-transit permit. | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
| This certification is a few and a fe | | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION | 20. AUTOPSY? |
| s certifie, writh forward used emova | 7 | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c EXTERNAL CAUSE WAS 2 b. TIME OF INJURY Manth, Day Year 21c HOW INJURY OCCURRED (Finter nature of injury in Port Lor Part 2 In | |
| ie e et i | | 2 to EXTERNAL CAUSE WAS 2 to TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of in ary in Port 1 or Part 2, In | |
| | | | 5.0 10.) |
| Sho s | | 21d NILEY OF CHIEFE D 21a P AFF OF INITIDY AR home form street 21f OCATION Street or P S D No. | Caunty State |
| EXAMINER: ute the certi age 4 should your files. Page 3 shou | | WHILE NOT WHILE AT WORK AT WOR | , |
| | | 22a. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry | and in my opinio |
| ECAL exector For Popular For CTOR: | | death resulted fram: Natural causes X. Accident . Suicide . Hamicide . Undetermined manner | - , , |
| please edirectal directal ptrectal ptre | | CHIEF MED CAL EXAM NER | |
| ory, please erol direction be retain RAL DIRECTION to prior to | 7 | ACTUAL SIGNATURE ASSISTANT MED CAL EXAMINER 226 DATE: | SIGNED |
| dry, ary, be be | | SIGNATURE ME CARACTER | -18-69 |
| DEPUTY DECAL EN necessary, please exect the funeral directar. Po 5 may be retained for 0 FUNERAL DIRECTOR: Health prior to burial. | 1 | NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) | |
| TO DEPL necessa the fun 5 may 10 FUNE Health | F | 220 BIJE AL CREMATION 13th DATE 222 MANE OF CENETIDA OF CREMATORY 224 ACCATION (CH. of Towns) | (County) (State) |
| _ | | BENOVA (Specify) | ORE MI) |
| 1 | 0 | 24 PONERAL DIRECTOR 250 PREC STRAR 250 PRECISITARY | GMATURE |
| VR A15ME (9) | 18 | Manedan Vieneral Hame, Kainey, 1969 | A A |
| | | | |



| _ 1 | Items 1, 13e, 14, 17 MARYLAND STATE DEPARTMENT OF HEALTH Items Films415 7/30/69 kk |
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| FOR STATE | APPLICATE OF PEATURE OF DEATURE O |
| HEALTH DEPT. | 1 DECEASED NAME TO have first Modele Lost To i he to 20 DATE KNOWNES Month Day Year 12h HOLL |
| of de o | (Type or Print) JOHN NIA HAULA TIP IN THE DEATH MATER 6 20 1969 |
| 7. T. M. O. | 3 SEX 4 RACE 1 5 DATE OF BIRTH 6 AGE (in years TE LINDER 1 YEAR IE UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOU |
| and | F W weeld 1966 & Days MONTHS DAYS MIR Day Year 1969 85 |
| 10 m | 70 BIRTHPLACE (Store or fore gn 76 C.T.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH |
| te for | Gountry Germon USA WIDOWED DIVORCED Prince Georges |
| ve Pages y with for | 10 CTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USDA, OCCUPATION (Kind of work done 12b AND OF BUSINESS OR during place of working life eyen if retired.) 12 |
| of the officer | 130 USLAL RESIDENCE (Where deceased lived, if institution Residence before 135 CITY OR 19Where 136 INSOE CITY LIM TS? 138 STREET AND NUMBER 1223 |
| 6 T 01 01 | 1 LO MANCEPORTLES 13 LINE PORTIFIE - 1100 |
| | 1000 |
| hin 24 nril Irv niner's poges hours | 160. WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT DOLORES ADDRESS ADDR |
| | (Yes, no, or unknown) (If yes give wor or dates of service) Dolland Jakon Jakon Andrew |
| d with per Exar Exar File in 72 | 18 CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c)) |
| executed in Medical Exercited Exercited Exercite | PART I DEATH VECTOR ONLY ONE COUSE (a) Congestive Heart Failure for much |
| X DE G | 41 (DUE TO, OR, AS A CONSEQUENCE OF |
| d be exident of pend Chief McChief McChief perfect present y event | conditions, it only, which gove is to immediate cause (o). (b) arterios elerate Heart diseise // 1/200 |
| should be on the Chief of the Chief buriol-transit in ony even | storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF |
| she y o th o th buri | iost. (c) |
| s certificate she writing the forwarded to used as a bu emoval and it | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) |
| rtific ritin vord vol | 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? |
| 5 5 5 E | 190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO |
| | 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month. Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) |
| | PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19 2 Idd INJURY OCCURRED 2 1e. PLACE OF INJURY (At home, form, street. 21f LOCATION Street or R.F.D. No. (if yor Town) County Stote |
| = e 22 = 20 € | |
| XAN te the ge 4 your | WHILE MOT WHILE foctory, office building, etc.) |
| ICAL E) e execut for Pag ed for y CTOR:P | 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry Inquiry |
| bur ECTC | death resulted fram: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined manner [] |
| please e director director birector or to bu | ACTUAL TO a the Till alterna CHIEF MEDICAL EXAMINER (|
| TY. P. | SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220 DATE STORED |
| DEPUTY DICAL EXAM necessory, please execute the the funeral director Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Health prior to burial, cren | EXAMINER'S NAME (Type) DAYTOWN MATKINS DEPUTY MEDICAL EXAMINER D ADDRESS(Street, city, town, or county) |
| necesso the fun 5 moy 10 FUNE Health | 230 BJRIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) |
| 9 | Removal (Specify) Burial June 24, 1969 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. |
| (3) | 24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE |
| VR A15ME (5) 10M REV 1/68 | F. Gasch's Sons Hyattsville, Md. |



| | [| MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | | | | |
|--|---------------|--|-------------------------------------|--|--|--|--|--|--|--|
| FOR STATE | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 08907 | | | | | | | |
| HEALTH DEPT. | 1.0 | DECEASED NAME First Middle Lost 20 DATE KNOWN Month | Doy Year 2b HOUR | | | | | | | |
| | | (Type or Print) Derothy Death Mated to 6-11 | | | | | | | | |
| ny delay is 2, and 3 ta PM3 Page | 3 5 | SEX A PACE S DATE OF RIDTH S AGE IN WARE SEAR SE UNDER 24 HRS 20 DATE DECIDING HAVED DEAD | -69 197: DOam M | | | | | | | |
| del and M3 tmt | E. | emale White 12-5-1906 62 YRS DAYS HOURS MIN Month Doy | 69 19 9:16am M | | | | | | | |
| P Z d | 70 | B.RTHPLACE (State or foreign 7b. C T ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH | S / · · / / ILOPANI · | | | | | | | |
| Per la | casi | O'TY) O.C. 26. S. a. WIDOWED DIVORCED Prince George's | Md, | | | | | | | |
| ter death Give Pages ang with for th the State | 10. | CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a uSJAL OCCUPATION (Kind of work done | 126 KIND OF BUSINESS OR INDUSTRY | | | | | | | |
| r de l g w the | L | Cheverly Prince George Hospital Housewill at home | | | | | | | | |
| s after 18. Giv a alang 2 with death. | | ASJAC RESIDENCE (Where deceased I sed, if institution: Residence before I 3c CITY OR TOWN 13d MSIDE CITY MILES | | | | | | | | |
| haurs after de tem 18. Give I Office alang w cand 2 with the | | amission STATE Prince George's Mt. Rainier YES X NO 2400 Queens C | napel Rd. | | | | | | | |
| 24 havrs after death in tem 18. Give Pages er's Office along with figs Jend 2 with the Staff | 14. | FATHER'S NAME First Middle Lost 15 MOTHER'S MA DEN NAME First Middle | o J.ost | | | | | | | |
| no in 24 no in or | 160 | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT, ADDRESS. | ease | | | | | | | |
| | | Yes, no or unknown) (if yes give wor a dates at service) | #/3 | | | | | | | |
| | <u> </u> | 18. CAUSE OF DEATH (Enter only one cause per ne far (a), (b), and (c)) | APPROX MATE INTERVAL | | | | | | | |
| be executed "pending" in itef Medical Eansit permit. Fevent within | ı | PART I DEATH WAS CAUSED BY | BETWEEN ONSET AND DEATH Minutes | | | | | | | |
| e execution pending st Medical Medical sist permissit permissit went with | 1 | IMMEDIATE (AUSE (0) Heart lailure DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease | over 10 mo. | | | | | | | |
| be d'ief | | Conditions, if ony, which gave | | | | | | | | |
| Manager State of the state of t | 1 | rise to immediate cause (a), (b) Stating the underlying cause (course | | | | | | | | |
| e shauld be executed he ward "pending" to the Chief Medical burial-transit permit. | | lost (c) | | | | | | | | |
| (AMINER: This certificate shauld te the certificate, writing the ward pe 4 shauld be forwarded to the Chapter files. age 3 should be used as a burial-tracemation, or remark, and in any | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) | | | | | | | | |
| This certificate incate, writing the be forwarded to be used as a per | 8 | Do care or arrayan | | | | | | | | |
| certification with white orward maya | E | 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? | | | | | | | |
| This cate be for the | CERTIFICATION | 210. EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1 | YES NO X | | | | | | | |
| INER: This e certificate, shauld be fo files. 3 should be using the contract of the contract o | | PRIMARY OR CONTRIBUTING HOUR A.M. | En (6.) | | | | | | | |
| INER: e cert shaul files. 3 shot atian | MEDICAL | CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (A) home, form, street, 21f LOCATION Street or R.F.D. No. City or Town | County State | | | | | | | |
| EXAMINER: cute the cert age 4 shaul r yaur files. Page 3 shou I, crematian | | WHILE NOT WHILE AT WORK AT WORK | , | | | | | | | |
| G 5 9 7 6 | | 220 certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry | , ond in my opinion | | | | | | | |
| Por Contract | | death resulted from: Natural couses 🚱 Accident . Suicide . Homicide . Undetermined monner | | | | | | | | |
| please e l directar retained L DIRECT | | CHIEF MEDICAL EXAMINER | _ | | | | | | | |
| Trio of Land | | SIGNATURE ASS STANT MEDICA. EXAMINER 226 DATE | | | | | | | | |
| essary, programmer of funeral lay be removed to the programmer of the price of the | | EXAMINER'S DEPUTY MED CAL EXAMINER 🔀 | -12-69 | | | | | | | |
| | | NAME (Type) / John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) | | | | | | | | |
| 5 g 4 2 5 H | 230 | BURGAL (REMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 .OCATION (CITY O' TOWN) | ((aunty) (State) | | | | | | | |
| | 1 | FUNERAL DIRECTOR 250 REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. | SIGNATHE | | | | | | | |
| 10 | | Total unit of the property of | | | | | | | | |

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MAKTLANU STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08916 08908 CERTIFICATE OF DEATH DECEASED-NAME Lost 20. DATE OF DEATH First 2b. HOUR Tito Tulio (Type or print) Month 5:30 June 4 RACE S. DATE OF BIRTH e carban papers. Pages Pentre 3. SEX 6. AGE (In years IF UNDER I YEAR tost birthday) DAYS HOURS UU-UU-UU /2-Phillipino la le requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED [3] NEVER MARRIED 9 COUNTY OF DEATH WIDOWED | DIVORCED [Prince George's 12o, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of Agicing life, wen it elired to WUSTRY REAGE CO Prince George's Gen. Hosp. heverly 13o. JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13a STREET AND NUMBER odmission) STATE 13b COUNTY
Prince George's NO I 3724 36th Street and in any 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle JOSEFA 17 INFORMANI 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or anknown) TULIO 3403 PERRI burial, crematian, or remayal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) signed by the burial-transit p Conditions, if any, which gove) Largueral rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) directar, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to 19a, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO DO YES [O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.O. No. 21d INJURY OCCURRED City or Jown County While Nat while at wark 22a. I certify that XXX (this haspital) attended the deceased fram June 1 , 1969 , ta June 3 , 19 69 , that M (we) lost saw the deceased alive on June 3 19 69 and that in (my) (our) opinion death accurred an the date and hour and from the couses stoted obove, (I) (we) (did) (did nat) view the bady ofter death. 22b 5iGNATURE 22c. DATE SIGNED ATTENDING PHYS. OIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Edwin J Prince George's General Hospital Jensen, M.D. 23a BUR AL, CREMATION 23s NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 24 FUNERAL OIRECTOR 25g. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68

3 .

| _11. | 1 | | 1 50 | 0000 H | DIVISIO | N OF VITAL RECORDS, | 301 W | PRESTON STI | REET, BALTIMOI | RE, MARYLAND 2120 | 1 | |
|------|--|-------|---------------|--|-------------------------------------|---------------------------------------|---------------|--------------------|---------------------------------------|-------------------------------|-----------------------|--|
| 7 | - | | 08917 | | | CERTIFICATE OF DEATH | | | | | 08909 | |
| | # 7-4 | | I. D | YPE OF PRINT) | t | Middle | | Lost | | DATE OF DEATH | | 2b HOUR |
| | within 24 hours after deoth sly filled in by the property oon popers. Pages 1 and 2 within 72 hours after death | | | Abe or built) | alter | | | Walla | lce | June 17 | 7 ^{Doy} 1969 | 8:35P M |
| | | | 3 51 | X | 4 RACE | | | S DATE OF BI | IRTH | 6. AGE (In years | JF UNDER 1 YEAR | IF UNDER 24 HRS |
| | s af | | | Male | | Negro | | Dec. | 5, 1939 | lost bictoday) | MONTHS DAYS | HOURS MIN |
| | your your | | 7o. i | BIRTHPLACE (State or foreign | 7b. CITIZEN | OF WHAT COUNTRY? | 8 MARRI | ED XX NEVER MAR | | UNTY OF DEATH | | |
| | 24 P | | | Md | L. U. | S.A. | W-DOW | ED DIVOR | | rince George | t e | Md |
| | ie 뺾 | b. * | 10. (| ITY OR TOWN OF DEATH | | 11. NAME OF HOSPITAL OR IN | STITUTION (| If not in hospital | 120 USUAL OC | CUPATION (Kind of work do | ne 125 K ND OF | F BUSINESS OR |
| | bon V | 11 | _ | Cheverly | | Prince Geor | ge's | Gen. Hos | p during most of | working life, even if retire | d) INDuSTRY | |
| | en gente | * * | 13o odm | USUAL RESIDENCE (Where decedes ssion) STATE MD | ised lived, if i | nstitution Residence before | 13c CITY | OR TOWN | 13d INS OF CITY LAM IS? | 13e STREET AND NUMBER | | - |
| | (34 5)8 5 | 2 | | MD | Pr | ince/George/ | E Lau | rel | YES NO | Rt. 1 Box | 27 | |
| | se rem | 7. | 14 | ATHER'S NAME First | Mic | ddle Losi | | 15 MOTHERS MA | | Middle | 3 | Last |
| | | | | WAS DECEASED EVER NUS AR | d Wall | ace | | | tella Sne | | | |
| | ficate ysicic pleo al, or | | 160 Y | WAS DECEASED EVER TN U.S. AR Bs, no, or unknown) (If yes give | MED FORCES? war or dates of serv | 16b SOCIAL SECURITY | NO 1 | 7 INFORMANT | | Address | S | |
| | certi ph hen nov | | | 10 CAUGE OF DEATH (F-1 | -1 | | | | · · · · · · · · · · · · · · · · · · · | | APPROX | GMATE INTERVAL |
| | requires that the death certificate be executed within 24 hours after deoth g physicion. I signed by the ottending physician and comparely filled in by the there is build transit permit. Then please remove corbon papers. Pages 1 and a burial, cremation, or removal, and in any event, within 72 hours after death | | | 18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUST | ED BY | per one for (o), (b) and (c) | 1 | | | | BETWEEN | ONSET AND GEATH |
| | | | | ELOO MMED | IATE CAUSE (a) | Acute con | gesti | ve heart | failure | | | |
| | the or the trieven | | | Conditions, if any which gove | DOL 10 | , OK AS A CONSEQUENCE OF | | | | | | |
| | hat T. y th y th | | | rise to immediate couse (a), | ∮ (b | Diffused gr OR AS A CONSEQUENCE OF | ranul | omadous | lesio | ons involving | z the | |
| | equires the physicion. signed by burial troi | | | stating the underlying couse | | mesentery | | | | ial tract, or | mentum, | |
| | and igne urio | | | PART 2 OTHER SIGNIFICANT CO | NDITIONS CON | TRIBUTING TO DEATH BUT N | OT RELATED | TO THE TERMINAL | L DISEASE OR CONDIT | ION GIVEN IN PART 1/n) | | |
| 30 | ng pen sen sen to b | | 20 | | _ | | | | 41141100 011201001 | 10) | | |
| | bed the rior | X | CERTIFICATION | 190 DATE OF OPERATION 196 | CONDITION FO | OR WHICH OPERATION WAS PE | RFORMED | 20o. AUTO | PSY? | 20b IF YES, WERE FINDING | GS CONSIDERED IN (| CERTIFYING |
| 3 | The after has seed the | | Ę | - | | | | YES 🗀 | NO 🗀 | CAUSES OF DEATH? | | |
| 23 | TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to 1 | | | 210. ACCIDENT WAS UNDERLYI | NG 21b. Ti | ME OF INJURY | 21c | HOW INJURY OCC | URRED (Enter notus | e of intury in Port 1 or Port | 1 2, item 18) | |
| | | | MEDICAL | OR CONTRIBUTING CAUSE OF DEA | iner) HOUR | A.M. Month Doy Year P.M. 19 | | | | | | |
| | hosp hosp che sight. | | ME | 21d INTURY OCCUPPED 21e | . PLACE OF INJ | TURY (AT HOME FARM, STREET FAC | | LOCATION Stree | t or R.F.D. No | City or Town | County | State |
| | the this detre | | | at work at work | | | | | | | | |
| | by ffter be Stot | | | 22a. I certify that (1) (1) | ns hospitel | grended the decease | ed from- | June | 14,1969_, | toJune_17 | 19 <u>69</u> , that | KXI) (we) last |
| | R: A | | | 22a. I certify that (*) (1) saw the deceased causes stated abov | nlive on | June 17 | 9 <u>69</u> 6 | ind that in (my | y) (aur) opinion | death occurred on the | date and hour | ond from the |
| | ATT Storic Sho | | П | 22b SIGNATURE | c, () (na) | day (did holy view life | DOGY UTT | n dedill. | | | 22c DATE SIGNED | |
| | OR re | | | | H | Man | DI | GREE PHYS | IG MED DIRECTO | R STAFF | June 18 | , 1969 |
| | AL Dog by the pool of the pool | 1 | Ш | 22d. PHYSICIAN'S NAME (Type) | | 1 | | 22e. ADDI | | 111(3. | | |
| | SPIT 4 m 4 m 6 m d be | | | NAME (Type) | S. V | Nair, M.D. | | P | rince Geo | orge's Gne. H | losp. | |
| | TO HOSPITAL OR ATTENDING Poge 4 moy be retoined by to FUNERAL DIRECTOR: After director, poge 3 should be consuld be filed with the Stote | | 23 o | BANAL, CREMATION, 236 | DATE | 23c. NAME OF | CEMETERY | OR CREMATORY | / 23d. | LOCATION (City or Town) | (County) | (State) n |
| | 5 5 5 4 × | | | SAJOVAL (Specify) | 4/21/ | 69 mt. 2 | KOBL | Consul | esu | Docontor | 2070 | md. |
| | VR AIS | Que | 24 | EUNERAL DIRECTOR | 0 / | ADDRESS | D | ned | 250 RECD BY REGI | STRAR 256 BEGISTRA | ARS SIGNATURE | all. |
| | 45M V | (180) | Z | Olly Z. | Ma | to m Ko | cki | eelle. | DAJUN 2 5 | 1969 / | 10 | <u>, </u> |



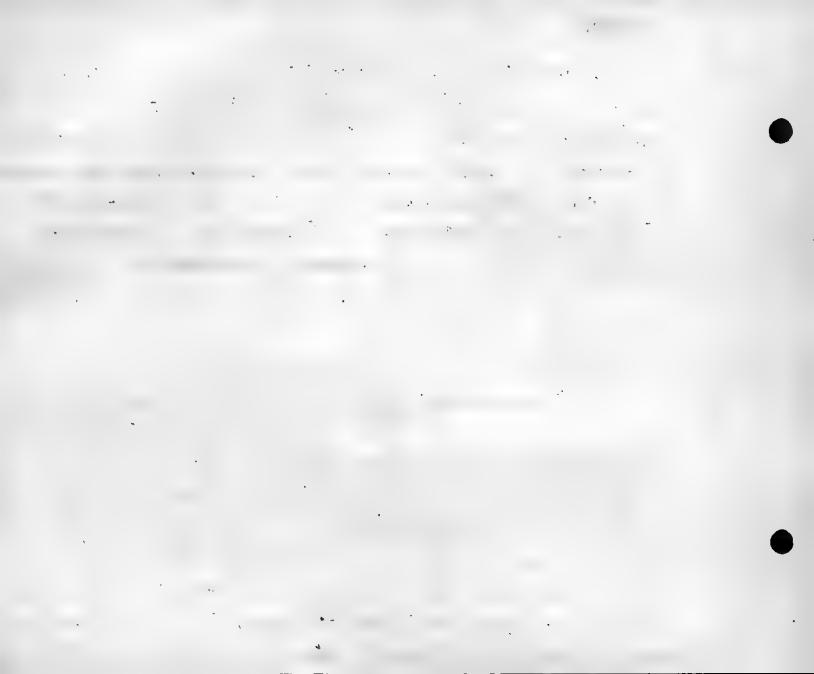
| - 1 | | | | ND STATE DEPARTMENT | | | | |
|-----|---------------|--|---|-----------------------------|--------------------|---|------------------------|---------------------------------|
| 1 | | 08913 | DIVISION OF VITAL RECORDS | | | E, MARYLAND 21201 | | |
| ŀ | . 26 | SCARE WILLE | | CERTIFICATE OF DE | | | 089 | 10 |
| | | CEASED-NAME First ype or print) | Middle | Last | | DATE OF DEATH Month Day | Year | 2b. HOUR |
| ŀ | 3 SEX | Fre | ed | Washin | gton | June 2009 | 1969 | 2:00Am |
| | 3 367 | | | S DATE OF BIRTH | | | MONTHS DAYS | IF JNDER 24 HRS HOURS MIN |
| ŀ | 70 B | Male iRTHPLACE (Stote or foreign | Negro 7b GRIZEN OF WHAT COUNTRY? | 08-18-2 | | | | |
| | coun | Krinitate (Store or foreign | 115, A. | 8 MARRIED X NEVER MARRIED (| | JNTY OF DEATH | | |
| II. | | TY OR TOWN OF DEATH | | | | rince George's UPAT ON (Kind of work done | 101 8000 00 | Md. |
| | | Cheverly | arve street address) | rge's Gen. Hosp | uring most of | working life, even if retired) | INDUSTRY | BUSINESS OR |
| | 13a | USUAL RESIDENCE (Where deceose | ed lived, if institution_Residence befor | e 13c CITY OR TOWN 13d N | ISIDE CITY L M TS7 | 13e STREET AND NUMBER | - | |
| ľ | admis | is.on) STATE . M.D. | 13b. COUNTY | Upper Marlboro | □ NO □ | West Failu | re Stre | et |
| ľ | 14 F, | ATHER'S NAME First | Middle , Lost | 15 MOTHER'S MAIDEN | | Middle Middle | 6-1-a <u>1-2-1-3-a</u> | Lost |
| | | James H. L | Vashington | Kuth A | 7. | Sown | | |
| ı | | WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (f yes give wo | ED FORCES? / 16b. SOCIAL SECURIT | . / | 415 / | , Address | 4 | ml |
| ŀ | - 7 | | | Elenora | Washi | ngion Drejo | anlown | 1/1/10, |
| ı | | 1B CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED | y ane couse per line far (a), (b), and (| | | , , | BETWEEN O | MATE NTERVA. INSET AND DEATH |
| | -1 | | TE CAUSE (a) | cck | | | | |
| - | | Conditions, if any, which gave) | DUE TO, OR AS A CONSEQUENCE C | hast clies | | Africal Fi6 | | |
| | | rise to immediate cause (o) | DUE TO, OR AS A CONSEQUENCE OF | | | 111100 | | |
| - | | stoting the underlying couse | (c) \bigcirc 6 10 2 | | Jail | leve. | | |
| - | 1 | PART 2. OTHER SIGNIFICANT CONI | DITIONS CONTRIBLITING TO DEATH BUT | | ASE OR CONDITI | ON GIVEN IN PART 1(g) | | |
| 1 | 2 | 4 | Mouria 1 | | | | | |
| П | CERTIFICATION | 190 DATE OF OPERATION 196. C | ONDITION FOR WHICH OPERATION WAS | PERFORMED 20a AUTOPSY? | | 20b. IF YES, WERE FINDINGS CO | ONSIDERED IN C | ERTIFYING |
| 1 | RIFE | | | YES 🗌 | NO 🔀 | CAUSES OF DEATH? | | |
| Į | | 21 a. ACCIDENT WAS UNDERLYING | | 21c HOW INJURY OCCURRED | D (Enter noture | e of injury in Port 1 or Port 2, I | tem 18) | |
| l | ă | (If either, notify medical examini | er) P.M. | 19 | | | | |
| | | While Not while 1 | PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC | 211 LOCATION Street or R | R.F.D. No | City of Town | County | Stote |
| ١ | | | s hashital) attended the decea | sed from Tupo 3.0 | 19 106 | to June 19 | 69 that | YX (wa) last |
| l | | saw the deceased all | s haspital) attended the decea | 19, and that in (my) (o | or) abinion (| death accurred on the dat | te and haur | and fram the |
| l | - L | causes stated above, | , (I) (we) (did) (did not) view th | body after death | | | | |
| ı | | 226 SIGNATURE | CEUTH Y | DEGREE PHYS | MED. | r STAFF r | ATE SIGNED | |
| ı | ŀ | 22d. PHYSICIAN'S | | DEGREE PHYS 22e ADDRESS | DIRECTO | S MALE MALE MALE MALE MALE MALE MALE MALE | | |
| | | NAME (Type) P.C. | . Xavier. M.D. | | ce Geor | ge's Gen. Hosp | | |
| F | 23a | BURIAL, CREMATION, 236 D | | CEMETERY OR CREMATORY | 23d | .OCAT QN (City or Town) | (County) | (State) |
| 1 | X | DLINEAU 6 | 124/69 St. 70 | ters Ch. Com | . U | aldorf. Chas | 5, 60. | md. |
| | 24 F | UNERAL DIRECTOR | ADDRES | _ 1 | RECD BY REGI | control of the | | ui. |
| 1 | 7 | newell lid | and linea | DE Q . NA DAL | 41N 2 6 | 1969 100000 | J. 1. | |



| <u> 1</u> | Items 586 FilmGill MARYLAND STATE DEPARTMENT OF HEALTH Item 22a Film 417 9-29-69an 7/14/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | 18 |
|--|--|-----|
| FOR STATE | 1714/69 RR (18919) MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08911 | |
| HEALTH DEPT/ | I. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day Year 25 HO (Type or Print) Middle Lost 0 F ESTI | UR |
| ≈ 5 \$ € S | TARTHA / ACIC /VATERS DEATH MATED Phone 19 1969 | М |
| E TANK | S SEX 4 RACE S DATE OF BIRTH 1912 GAGE In years F JNDER I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HQ | 7 |
| 2 2 | To BIRTHPLACE (Stoke or foreign 7b. CITIZEN OF WHAT COUNTRY? To MARRIED TO REVER MARRIED 19 COUNTY OF DEATH |) M |
| farm te De | OUDTRY) Vincunia USA WIDOWED DIVORCED Prince Gerre | Md |
| art. | D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (IFINGS IN hospital OCCUPATION (Kind of work some 12b) KIND OF BUSINESS OR | |
| # 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | upper marchozy give street deep the flex ponduring most of working I fe even if street INDUSTRY from a street where deceased lived if not titled Registery before 13c (IT OR IDWN 1/13d MSDE UTY MISS 113e STREET AND NIMBER | _ |
| 2 with | 30 ISUAL RESIDENCE (Where deceased lived, if institution Residence before 13c (ITY OR TOWN / 3d .NS.DE CITYMIS? 13e STREET AND NUMBER ODMISS on) STATE 13b COUNTY (Les light Morlow ES INO 4354) Costone Pol | |
| Here Office Offi | 4 FATHER'S NAME First Middle Jost IS MOTHER'S MADEN NAME First Middle Lost | |
| S S S | 60 WAS DECEASED EVER IN US ARMED FORCEST 166 SOCIAL SECURITY NO 12 INFORMANT 12 Y ABORES RASHER PL | |
| | (Yes, no, of unknown) (If yes give war or botes of service) | |
| | 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) APPROX MAIE INTERVA. ETIMEN ONIST AND DEATH | |
| xecuted and and and and and and and and and an | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Inhalation of Toxic | |
| be exc pend iief Me insit pe | Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Proposition of the conditions of the c | 1 |
| ould be executed ward "pending" in he Chief Medical ind-transit permit. any event within | nse to immed ate couse (o) storing the underlying couse DJE TO, OR AS A CONSEQUENCE OF | |
| | last. | |
| ate sl g the id to a bu | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |
| certificate , writing th crwarded t used as a l | 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? | |
| | 196 DATE OF OPERATION 196. CONDIT ON FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [2] 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED/Enter nature of injury, in Power 2 or Port 2, Hem 18.1 | 7 |
| 는 p 항 _ p | | |
| ER: 1 certific could b ces. shauld tian, at | PRIMARY PTOR CONTRIBUTING HOUR A M. CAUSE OF DEATH PM 19 Subject inhales System full 21d IN-URY OCCURRED 21e PLACE OF INVIEW (At home form street) 21f IOCATION Street or RED NO. CHAPTER TOWN COUNTY OF TOWN | |
| (AMINER: te the cert te 4 shauld raur files. age 3 shau crematian, | The state of those of the state | - |
| | 22a. I certify that I taak charge of the remains described above, held an Autapsy [7], Inspection [7], Inquiry [9], and in my apin | _ |
| bical Rease exect director. Po stained for DIRECTOR: r to burial, | 22a. I certify that I taak charge of the remains described above, held an Autapsy [7], Inspection [7], Inquiry [8], and in my apin death resulted fram: Natural causes [7], Accident [7], Suicide [7], Hamicide [7], Undetermined manner [7] | an |
| ease firect faine VIRE | CHIEF MEDICAL EXAMINER | |
| | SIGNATURE Dayton O Walking MD ASSISTANT MED CAL EXAMINER 226 DATE SIGNED | |
| o DEPUTY necessary, pl the funeral of may be re 5 may be re 7 FUNERAL I | EXAMINER'S NAME (Type) DAYTON DI MATKINIS DEPUTY MEDICAL EXAMINER BY 6-20-66 (ADDRESS(Street, city, town, or county) | |
| TO DEPUT necessary the funer 5 may be TO FUNER Health, p | | |
| | 23d BURD. (REMATION 23b DATE County) 23b DATE CSSurrection 23d LOCAT ON (City or Toxon) (Stote) Clinton, Ma. | |
| VR ALSME (5) | tollins Funeral Home Inc. 4339 - Hunt Pl 250 REGISTRAR SIGNATURE | |
| TOM REV 1/68 | N.E. John Z O 1999 | |

| | | | | 08920 | DIVISION OF | VITAL RECORDS | , 301 W. PRESTON STRE | ET, BALTIMORE, | MARYLAND 21201 | | |
|---|--|------|---------------|--|--|-----------------------|---|---------------------|------------------------------------|-------------------|---|
| | *** | | | 00920 | | | CERTIFICATE OF D | EATH | | 0891 | 2 |
| | モッグンデ | | | CEASED-NAME Fir | st | Middle | Lost | 2g. DAI | TE OF DEATH | | 2b. HOUR |
| | 24 hours after death de in by the functor pers. Page. Fond 77 72 hours after death | | (1 | ype or print) WAR | NER | W. | WATER | 5 1 | DNE 1 | 1969 | M |
| | 5 2 A & | | 3 SE | | 4. RACE | (| S. DATE OF BIRTI | Н | 6. AGE (in years last birthday) | IF JADER 1 YEAR | IF UNDER 24 HRS. |
| | hours aft in by the rs. Page hours af | | | M | | W | FEB | . 2. 189 | 7 lost birthday) YRS | MONTHS DAYS | HOURS M.N. |
| | by P | | 70. E | IRTHPLACE (State or foreign | 76 CITIZEN OF WH | IAT COUNTRY? | 8 MARRIED 🔀 NEVER MARRIE | 9. COUNT | Y OF DEATH | 0 | |
| | 4 h d in sers. 72 h | | cour | MARYCANI | US | A | WIDOWED DIVORCE | | RINCE | GEOR | GE Md. |
| | filled filled thin 72 | | 10 (| TY OR TOWN OF DEATH | 11. NA | ME OF HOSPITAL OR I | NSTITUTION (If not in hospital | | TION (Kind of work dane | | USINESS OR |
| | nt, with | | | LAUREL | 3 give s | treet address) | MAN AVE | OKUNG-R- | king life, even if retired) | KACE | HORSES |
| | 意意意 | | 13a | USUAL RESIDENCE (Where dece | | on. Residence before | | | e. STREET AND NUMBER | | A |
| | campl | | 001+31 | MD | 13b COUNTY | CE (560F | CE LAUREL | RES NO 13 | 23 GORN | 1AN | AVE |
| | and cam remave | | 14. F | ATHER'S NAME First | Middle | Last | IS MOTHER'S MAID | EN NAME First | M.ddle | | last |
| | n a se r | | | I HOMAS | 1 6 | NATER | S PLO | RENC | E 6 11 | 16651 | 1 |
| | cate sicro plea plea | | | WAS DECEASED EVER IN U.S. A | RMED FORCES? war or dates of service) | 16b. SOCIAL SECURITY | NO 17 INFORMANT | | Address | • | |
| | AN: The law requires that the death certificate be executed within 24 all or attending physician itself is the attending physician and campletely filled it far use as the burial-transit permit. Then please remaye carbon imper Health priar to burial, crematian, or remayal, and in any event, within 72 | 1 | | | | | WARNER | S.WA | TEKS, SR | 1 IDODOVIM | ATE INTERVAL |
| | h ce | | | 18 CAUSE OF DEATH (Enter PART DEATH WAS CAU MMEI | anty and cause per lin | e far (a), (b), and (|)) | | 1 1 | BETWEEN ON | SET AND DEATH |
| | end mit or i | | | // J J J J J J J J J J J J J J J J J J | DIATE CAUSE (a) | good | 1c Myoco | min | nount | Wy lum | ed.1975 |
| | he d aff per jan, | | | and the second | | S A CONSEQUENCE O | F (| | | | |
| | that that the by the transit cremat | | | Canditians, if any, which gav | (D) | Brock | Mentersis | | | | |
| 0 | trail the | | | stating the underlying cause last. | | S A CONSEQUENCE O | F | | | | |
| 2 | equires the physician signed by burial-tran | | | - | ONDITIONS CONTRIBUT | TING TO DEATH BUT | NOT RELATED TO THE TERMINAL D | ASTACE OR CONDITION | CRIENTIAL DADE 1/-1 | | |
| 1 | e law requires th tending physician as been signed by as the burial-tra priar to burial, cre | | | | | 1 | | ca det |) | | |
| 1 | aw redung been the ar to | | NOII | 19a. DATE OF OPERATION 139 | b. CONDITION FOR WHI | 27 | | | S IF YES, WERE FINDINGS | CONSIDERED IN CEL | RTIFYING |
| | The law ratending has been se as the th priar to | 7 | CERTIFICATION | | | | YES [| | AUSES OF DEATH? | | *************************************** |
| | 4: The or attent | 9% | | 210 ACCIDENT WAS UNDERLY | ANG 1216 TIME OF | INJURY | | - QIO | f injury in Part 1 or Part 2 | 2. Item 18.) | |
| | Pital Pital rtifica d far | | MEDICAL | OR CONTRIBUTING CAUSE OF O | miner) HOUR A.M. | Manth Day Yea | 19 | | | | |
| | PHYSICIAN the hospital of this certifical detached far e Dept. af He | | MED | 21d INSURY OCCURRED 21 | e PLACE OF INJURY | | ACTORY.) 21# LOCATION Street of | or R.F.D. Na | City or Town | County | State |
| | PH the H this eta | | | While Nat while at wark | | | | | | | |
| | ING by fl ter ter tate | | | 22o. I certify that (1) (| this hospital) atte | ended the deceo | sed from | , 19, ta | , 1 | 9, that | (I) (we) lost |
| | A P | | | sow the deceased causes stated | olive on | 4110 | sed from 19 22 ond that in (my) e bady ofter death. | (aur) opinian dec | oth accurred an the c | date and haur a | nd fram the |
| | ATTENDING etained by tl CTOR: After should be d | | | 22b. SIGNATURE | ve, (i) (we) (ala) i | (did not) view in | e bady offer death. | | | c. DATE SIGNED | |
| | OR ATTEN be retained VIRECTOR: / | | | 220, SIONATORE | | | DEGREE PHYS | MED DIRECTOR | STAFF PHYS. | 12/1 | 4 |
| | V by | 1 | | 22d. PHYSICIANOS | | 0-2 | 22e. ADDRE | | 25 Filis, 23 | 3/2/0 | |
| | md mg IRAI | - | | NAME (Type) | voris | Lovice | - 10(1) 2 | 5 (* 1.) | MUVIER S. | t. Bor | 16 30 |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: I Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us shauld be filed with the State Dept. af Healt | | 23a. | BURIAL, CREMATION, 231 | D. DATS | 23¢ NAME O | F CEMETERY OR CREMATORY | | CATION (City or Town) | (County) | (State) |
| | Page 70 FUN | | 1 | REMOVAL (Specify) | 14/69 | 57 | PHTERS C | EM FT | . 680, G | MEAD | E MD |
| | VR A15 (A) | 13 | 24 | FUNERAL DIRECTOR | 1. 1/2 | ADDRES | S 0 2 | So REC'D BY REGISTR | AR 256 REGISTRAR | R'S SIGNATURE | |
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MARYLAND STATE DEPARTMENT OF HEALTH



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| * 4 -24 4 | | ECEASED NAME First | | Middle | | ost | 2a DATE OF DE | | | 2b. HOUR |
| the land the second th | L | Ype or print) EAR | L | N. | WE | EBB | | | ΨO, | 1969 1: 50A) |
| | 3 SI | X | 4 RACE | | | TE OF BIRTH 2 | 1, 1917 6 | AGE (In years last burthday) 46 52YR | JF JRD MONTH | DER 1 YEAR IF UNDER 24 HRS |
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| 24 hours ofter defin by Te To Piers. Const. 172 hours dit. | | itry) | 76 CITIZEN OF WHA | | 8 MARRIED NE | | 9. COUNTY OF DI | | | |
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| within lely fills ban po ban po within | | heverly | give st | reet address) | rge Hospi | ital during m | ast of work ng if | e, even if tetired | I) INC | DUSTRYS. GOVERNMENT |
| eculed will completely ove carbar y event, wi | 130 | USUA. RESIDENCE (Where deceos | ed lived, if institut o | Residence before | 13c CITY OR TOWN | 13d INS DE CITY (| MITS? 13e. STREE | ET AND NUMBER | | |
| be precuted and and cample eremove care | | ess an) STATE Md. | 13b COUNTY | P.G. | Lanham | YES 😥 N | ∘□ 6874 | River | iale | Road |
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| ican of lease and ir | 160 | John | W. | We | | | illie | | | Hanes |
| requires that the death certificate by physician is signed by the attending physician is burial-transit permit. Then please is burial, crematian, ar removal, and i | 100 | WAS DECEASED EVER IN U.S ARM es, no, or unknown) (If yes give w | AM 11 | 413-05-3 | | a T. Webl | Same | as # 13 | | |
| certi p ph Then mov | | 18 CAUSE OF DEATH (Enter on | | | | - | , | | | APPROXIMATE INTLAVAL |
| ne death cer attending p permit. The | | PART I DEATH WAS CAUSED | D BY TE CAUSE (o) | /V . | ndanle | son by fo | | | | BETWEEN ONSET AND DEATH |
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| the the nation | 1 | Canditions, if any, which gave nise to immediate cause (a), | (b) | | M3 KA | Drawf an | Humbre | He Mast. | Alexander | 7500 |
| s that the ciden. d by the l-transit l, cremati | | stating the underlying couse | DUE TO, OR AS | A CONSEQUENCE OF | ′ .′ | | | | | Ü |
| quires th physician signed by burial-tra | | PART 2. OTHER SIGNIFICANT CON | (c) | NO TO DEATH BUT N | OT DELATED TO THE | TO TRAINING INMINISTRA | CONDITION CIVEN II | NADT 1() | | |
| IAN: The law requires that the death certificate be executed within 24 all ar attending physician. It is been signed by the attending physician and completely filted in tar use as the burial-transit permit. Then please remove carban paper Health prior ta burial, crematian, ar removal, and in any event, within 72 | 5 | TAKE & OTHER SIGNIFICANT COM | mine | - DEATH BUT N | OF KELATED TO THE | TEKMIMAL DISEASE UKT | LUMUTTION GIVEN II | N PAKT I(G) | | |
| The faw ra attending has been se as the h prior ta | NO TA | | CONDITION FOR WHIC | H OPERATION WAS PE | RFORMED 20 | Q AUTOPSY? | | | 5 CONSIDE | ERED IN CERTIFYING |
| The after the has | CERTIFICAT | Migne | | | | YES NO 🔽 | | | | |
| AN: Ol on ficate for t | | 210 ACCIDENT WAS UNDERLYIN TOR CONTRIBUTING TO CAUSE OF DEAT | | Manth Day Year | 21c HOW IN | URY OCCURRED (Ente | r nature of injury i | in Part 1 or Part | 2, Item 1 | 8) |
| SICI spith sertif t. af | MEDICAL | (If either, natify medical examin | ier) P.M. | , i | 9 | N Street or R.F.D. No | - | | | |
| IDING PHYSICIAN: J by the haspital ar After this certificate J be defached far us State Dept. af Healt | | While Not while at work | PLACE OF INJURY (| OFFICE BUILDING, ETC | 217 LOCATIO | N Street or K F.D. No | City or | Iown | Cou | unty Stote |
| by the later of the period of | | 22a. I certify that (!) (thi | s haspital) (after | nded the deceas | ed from | 19.4 | 6 % to 12 | int. | 196 | , that (I) (we) last |
| ATTENDING etained by the CTOR: After the should be de rith the State | | 22a. I certify that (I) (the saw the deceased al causes stated abave | ive on 72 | N-(9 | 9/2, and tha | t in (my) (aur) ap | inian death acc | urred an the | date an | nd havr and fram the |
| AL OR ATTENE y be retained L DIRECTOR: A age 3 shauld filed with the | | 22b. SIGNATURE | , (1) (we) (dia) (d | ita nai) view the | Elet. | | | 1 2 | 2 DATE S | SIGNED |
| OR be re of w | | VIII. | Marke | much | DEGREE | ATTENDING PHYS | MED SIRECTOR S | STAFF D | Jus | 16/0/69 |
| TAL O | | 22d PHYSICIAN'S NAME (Type) Re vino | -3 7 Mar | | N D | 22e. ADDRESS | ney Cire | 1- C F | 100-0 | b D C |
| A mer. | | | nd J. Ter | | | | | | , MATE | sk, D. C. |
| TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: directar, page 3 shauld shauld be filed with the | 230 | BURIAL, CREMATION, 23b E REMOVAL (Specify) | | | CEMETERY OR CREMA | | 23d LOCATION | | , | unity) (State) |
| | 24 | FUNERAL DIRECTOR | e13,1969 | ADDRESS | nd Mor. C | | Knoxvill BY REGISTRAR | 25b REGISTRAI | R S SIGNAL | nnessee |
| VR A15 (4) 45M - 1/69 | i'a | FUNERAL DIRECTOR Gasch8s Sons I | yattsvil. | le, Md. | | NUMERO | 1 3 1969 | plean | 120 | willed |
| | | | | | | | | | | |



| _ a | L | DIVICIA | | RYLAND STAT | | | i Maryland 21201 | |
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| FOR STATE | | 08922 | | AL EXAMINE | | | | 08914 |
| HEALTH DEPT. | | CEASED NAME FO | | Middle | | Lost | 2a DATE KNOWNY V Men | 4. 4. 4. 2. 1. |
| loy is 13 to Poge | - (0 | ype or Print) Wil | lliam | F. | Wellin | gton Jr | ()t tSII. | |
| | 3 51 | | S DATE OF BIRT | | E (In years IF UNDE birthday) MONTHS | R I YEAR IF UNDER DAYS HOURS | 24 HRS 20 DATE PRONOUNCED DEAD | |
| any deloy 1, 2, and 3 i m. PM3. Pog | | | stan 05- | | YRS | | have 25 | Year 19 7 10 M |
| - E 3 | Za t | ITRTHPLACE (State or foreign livy) | 76 CITIZEN OF WHA | | B MARRIED [] | NEVER MARRIED 🔀 | 9 COUNTY OF DEATH | a Carmter |
| eath A Pages 1, with form, e Stote bel | 10 (| TY OR TOWN OF DEATH | U.S.A | ME OF HDSP TAL DR II | h-pad | | Prince George SJAL OCCUPATION [Kind of work don | |
| ye bag with g with the Sto | F | iverdale | Eug | ene Lela | ind Mem. | Hosp. during | Lingstof working life, even if refred |) INDUSTRY |
| hours ofter d frem 8. Give Office dlong w land 2 with the | 130 | USUAL RESIDENCE (Where dece | osed lived, if institut | | 1 | | _ IND STREET FAIR HOMBER | |
| do do | _ | mission) STATE TY (SINC) ATHER'S NAME First | Prince Middle | Georges | | | | adee Lane |
| Hem Office Office offer | 24. F | | | ellingtr | | HER'S MAIDEN NAME | First Middle | Lost |
| hin 24 ncil in lainning in lainer's poges 1 | | William WAS DECEASED (VER IN U.S. ARMEI | | 16P 20CIAL SECURITY V | | ANT - | ADDRESS | oxer. |
| be ellecuted within "pending" in pencil inf Medical Examiner mist permit. File page event within 72 hou | (Y | es na, or unknown) (if yes gr | re war or dates of service) | | Kare | my Ne | lengtows pin- | Seckedos Ine |
| be emecuted with period modernief Medical Examinates permits. File event within 72 | | 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSED IN THE PART I DEATH WAS CAUSED IN THE PART IN T | nly one couse per line | ~ 11 S |)_ | | adelphi TX | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH |
| e emecuted pending" is ef Medical isit permit. | П | IMMIC | TATE CAUSE (a) | JHOCK | | | | 2 DAYS |
| pen ief A nsit | | Conditions, if ony, which gove | | AS A CONSEQUENCE OF | JE INJ | URIES to | > HEAD YABDON | TEN Z DAYS |
| ward the Ch | | rise to immediate cause (a), stating the underlying cause | DUE TO, OR | AS A CONSEQUENCE OF | | | | |
| should be e te ward "per o the Chief I buriol-transit in any ever | | lost | (1) | Automa | BILE 1 | Acciden | UT . | 2 DAYS |
| ns certificate shape, writing the forworded to be used as o burremoval, and in | 1 1 | PART 2. OTHER SIGNIFICANT COM | DITIONS CONTRIBUTIN | G TO DEATH BUT NOT | RELATED TO THE TE | RMINAL DISEASE OR (| ONDITION GIVEN IN PART 1(a) | |
| certific write orwore used move | CERTIFICATION | 190. DATE OF OPERATION | 1 | 95. CONDITION FOR V | | | | 20 AUTOPSY? |
| his cert ate, write e forwore tremover | RTIFIC | no | | | | | | YES NO |
| INER: This certificate should be emecuted within 24 hours ofter death are extrificate, writing the ward "pending" in pencil in Item 18. Give bages 1, 3 should be forwarded to the Chief Medical Examiner's Office along with form. files. 3 should be used as a buriot-transit permit. File pages land 2 with the State begation, or removal, and in any event within 72 hours after death. | MEDICAL CE | 210. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING CAUSE OF DEATH | 216 TIME OF IN | JUNY Manth, Day Yea | ES QU | NJURY OCCURRED (EN | ter nature of injury in Part 1 or Part | 2, Item 18.) |
| | WE | | PLACE OF INJURY (At | home, form, street, | 211 .OCAT (| ON Street or R.E.D. No. | City or Town | County State |
| | | AT WORK AT WORK | Due | | Hee | in Join | the address of | BUSER PARS YOUN |
| = x * o */ | | 22a. I certify that T | | | | | inspection . Inquiry | |
| please e please e director retained DIRECT for to by | Ш | death resulted from: | Natural couse | es 🔲 , Acciden | Suicide | - | | er [_] |
| please all director retained. | | ACTUAL | n Mis | 1/Pour | 1 | CHIEF MEDICAL ASSISTANT MED | | ATE SIGNED |
| ory, nerol be ERAL | | SIGNATURE EXAMINER S | | . ^ | N | DEPUTY MEDICA | THE ENDOMINER LES | 20-65 |
| o DEPUTY DICA necessory, please en the funeral director 5 may be retained of FUNERAL DIRECTOR Health prior to buy | | NAME (Type) | TON O | WATI | CINS | | city, town, or county) | |
| 5 = = ~ D = | 230 | BUR AL TREMATION, 27 REMOVAL (Specify) | cone 24- k | 169 Hates | CEMETERY OF CREM | ATORY | 23d/LOCAT ON (CVy or Town) | (County) (State) |
| VR ATSME S | 1/ | FLINERAL DIRECTOR | 254 | berroll | Stick | 250 REC'I | BY REGISTRAR // 251 REGISTRA | R S SIGNATURE |
| 10M REV 1768 | 74 | reasensume. | | -/6- | | Tour. | 0 10001 / | |

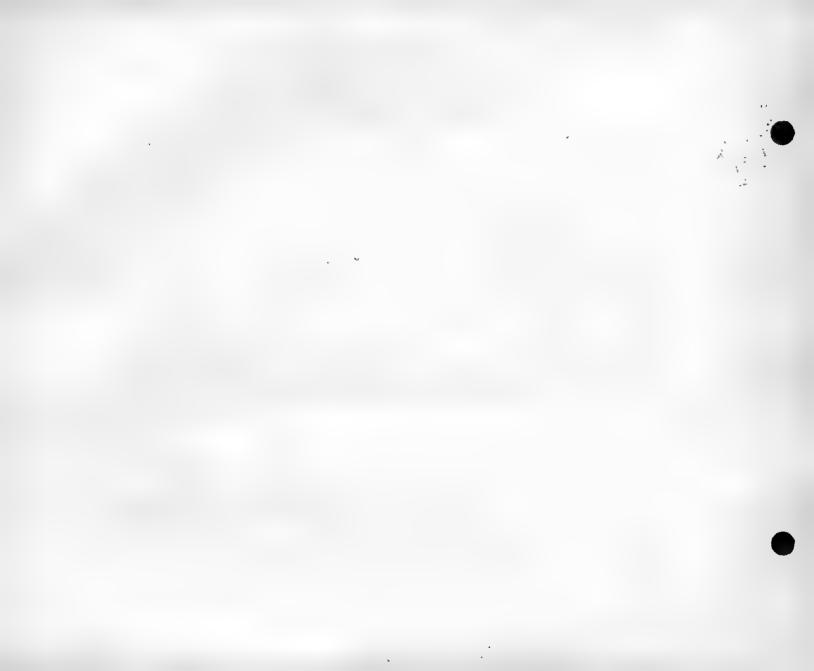


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08923 08915 CERTIFICATE OF DEATH First M.ddle DECEASED-NAME Lost 20 DATE OF DEATH 2b HOUR and 2 requires that the death certificate be executed within 24 hours after death Month 15 (Type or print) Julia C WESTWOOD June S. DATE OF BIRTH 3. SEX 4. RACE 6 AGE (In years IF UNDER 24 HRS. Pages last by Jay) 2 Sept., 1891 White Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Georgia USA Prince George's WIDOWED [DIVORCED [puriol, cremotion, or removol, and in ony event, within 72 completely filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY remove corbon Greenbelt 20 Crescent Rd. 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d INSTDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 💂 NO. Greenbelt 20 Crescent Rd. 14. FATHER S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Middle Lost J. Jesse Cone Julia Pugh physician o 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no er unknown) (If yes give war or dates of service) Lizh-03-60h3 Husband: Mr. Samuel Westwood APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Mesenteric thrombosis signed by the attendii buriol-transit permit. One day IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Generalized arteriosclerosis Unknown Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the b Health prior to b 19a, DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [X TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the State Dept. of Healt 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 2 d INJRY OCCURRED City or Town State County While Not while at work 22a. I certify that (I) (this hospital) attended the deceosed from 8 February, 19 69, to 15 June, 19 69, that (I) (we) lost saw the deceosed alive an 20 May 19 09, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the bady after death. Medical Examiner, Dr. Kehoe notified 22h SIGNATURE 22c. DATE SIGNED ATTENDING 15 June, 1969 DIRECTOR DEGREE PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Carl J. Houmann, 4404 Queensbury Rd., Riverdale, Md. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION (County) (State) Burran (Specify) 6-18-69 Laurel Hill Cemetery Thomasville Ga. 25b REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 Francis Gasch's Sons Hvattsville, Md.

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| 7 | | 08924 | DIVISION OF | | 301 W. PRESTON STREE CERTIFICATE OF DI | | , MARYLAND 21201 | 0891 | .6 |
|--|---------------|---|---|-------------------------------|--|---|--|--|---|
| ÷ _2+ | | ECEASED NAME Firs | t | Middle | Last | 2a [| ATE OF DEATH | | 2b, HOUR |
| 24 hours after death. 29 hours after death. 29 hours after death. | | Type or print) So | phi E | ANN | White | | 6 Month 26 Day | 69 Year | 1030 AM |
| 1 1 1 1 1 1 1 1 1 1 | 3 5 | EX | 4 RACE | | S DATE OF BIRTH | 1 | 6 AGE (an years | F JNDER I YEAR | IF UNDER 24 HRS |
| P (4 A E) | L | Female | White | | 5-25-8 | 34 | last birthday) 85 YRS. | MONTHS CIAYS | HOURS MIN |
| Thou said | 70 rou | BIRTHPLACE (State or foreign | 76 CITIZEN OF WI | NAT COUNTRY? | 8 MARRIED NEVER MARRIED | 9 COU | NTY OF DEATH | | |
| Z (2002) | L | Virginia | USA | | WIDOWEDS DIVORCED | | Prince George | | Md. |
| dan fills | | Riverdule | give s | itreet oddress) ugene Lela | and Memorial | during most of w | PATION (Kind of work done ork ng life, even if retired) | 126 KIND OF E | BUSINESS OR MAKER |
| complete | 3a. adm | usual RESIDENCE (Where decedission) | 136 COUNTY | on Residence before | 13c. CITY OR TOWN 13d | INSIDE CITY L-M-TS? | 13e STREET AND NUMBER 215 Constitu | | |
| be execut and cam e remove in any ev | 14. | FATHER'S NAME FIRST | Middle | last | 15 MOTHER S MAIDE | N NAME First | Middle | LILLIE MV | last |
| di le al | L | John | | Gutterio | lge | Margare | t A. | Wilk | erson |
| AN: The law requires that the death certificate be executed within all or attending physician. It is been signed by the attending physician and campletery filler for use as the burial transit permit. Then please remaye carlifant. Health priar to burial, crematian, or remayal, and in any event, buthin | 160 | WAS DECEASED EVER IN U.S. AR 'es na, ar Linknawn) 1/1 yes give | MED_FORCES? war or dates of service] | 166. SOCIAL SECURITY 578-68- | NO. 17 INFORMANT VE: | STEP ST nd Medica | CBNER Address 4 A Records BLA | and the same of th | |
| and The | | 18 CAUSE OF DEATH (Enter o | nty one couse per iin | | | | | APPROX M | IATE INTERVAL ISET AND DEATH |
| endi mit. | | PART I DEATH WAS CAUSI IMMED | IATE CAUSE (a) | | BRONCHOT | PNEUM | LUNIA | ONE | WEEK |
| he d perit ion, | | 4.5 X | | S A CONSEQUENCE OF | | | | | |
| at the the nsit mat | | Canditions, if any, which gave use to immediate cause (a), | (b) | | | | | | |
| quires the physician. signed by burial trar | | stating the underlying cause | | S A CONSEQUENCE OF | | | | | |
| uire hysia gne urial | | | (c) | TING TO DEATH DUT A | OT RELATED TO THE TERMINAL DIS | OTTIGIA O TO T | SI CONTRI In. DADY 1/ 3 | | |
| req 0 p p 0 p p 0 p p | | TAKE 2 OTHER SOMETHERING CO | GE | | | NCES | N GEVEN IN PART I(a) | | |
| The law ratending attending has been use as the lift priar ta | CERTIFICATION | 19o. DATE OF OPERATION 19b | | CH OPERATION WAS PE | | | 206 IF YES, WERE FINDINGS CO | ONSIDERED IN CEI | RTIFYING |
| The atte | TEC | | | | YES 🗀 | | CAUSES OF DEATH? | | 111111111111111111111111111111111111111 |
| ate of the control of | | 21a ACCIDENT WAS UNDERLY | NG 216. TIME OF | | 21c. HOW INJURY OCCURR | _ 1 | of injury in Part 1 or Part 2, 1 | tem 1B.) | |
| 三き草っち | MEDICAL | OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. | Manth Day Year | , | | | | |
| Page 4 moy be retained by the haspital or FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far ushauld be filed with the State Dept. af Hea | M. | 21d INJURY OCCURRED 21e While Nat while at work at work | , PLACE OF INJURY | | TORY.) 21f LOCATION Street of | | City or Town | County | State |
| ATTENDING stained by the CTOR: After 1 should be dith the State ith the State | | 22a. I certify that (I) (th | nis hospital) atte | nded the deceas | ed from 14 JUN (9 6) , and that in (my) (| 2, 19 69,1 | o PRESENTA | , that | (I) (we) last |
| END Ped N: A Uld The S | | saw the deceased of causes stated abov | alive an 25 | did not) view the | 9_67, and that in (my) (| our) opinion d | eoth occurred on the da | te and hour a | nd from the |
| ATT ATT Share if the 1 | | 22b. SIGNATURE | e, (i) [we/(ula/) | (did fidi) view file | body offer dearff. | | 220 0 | ATE SIGNED | |
| OR ATTENI be retained SIRECTOR: A e 3 shauld ed with the | | V- ' | · How | Weren! | DEGREE PHYS | MED DIRECTOR | | 6 JUNE | 1969 |
| Page 4 may be retained by the hro FUNERAL DIRECTOR: After this director, page 3 shauld be detact should be filed with the State Depression | | 22d. PHYSICIAN'S NAME (Type) | J. HOU | MANN | M.D. 220. ADDRESS | - | | D. | |
| HOS Be 4 Be 4 Becto aulo | 23g. | BUR AL CREMATION, 23b | DATE | 23c. NAME OF | CEMETERY OR CREMATORY | 23d 1 | OCATION (City or Town) | (Caunty) | (State) |
| 0 0 P 2 | LB | REMOVAL (Specify) | NE 30,191 | | INCOLN CEMETI | | | IZWCE. | Mo. |
| VR A15 (4)8 | 24 | FUNERAL O RECTOR | . P. D. | ADDRESS | 250 | RECD BY REGIST | RAR 256 REGISTRAR S | SIGNATURE | - H |
| 45M - 1/69 | W | Withamber | 2. W. Ku | Marke. | 11/1d DA | ardul 2 | 1969 Action | CLA Hora | - |

MAKTLAND STATE DEPARTMENT OF HEALTH



| | 1 | • | | AND STATE DEPARTMENT OF 1 DS, 301 W. PRESTON STREET, BALT | | |
|---|---------------|--|--|--|--|---|
| | | 08925 | Different of Files Indone | CERTIFICATE OF DEATH | IMORE, MARTEAND 21201 | 08917 |
| deoth. | | ECFASED NAME First [ype or pnnt] | | Last | 20. DATE OF DEATH | 2b HOUR |
| de | | Вет | | Williams | | 969 Yeov 11P M |
| and a series of a | 3. 5 | Female | 4 RACE White | S DATE OF BIRTH, MINISTER 31, | 1687 6 AGE (In years parthoay) YRS | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN |
| n 24 horsy lilled in by Papers. Pay | | BIRTHPLACE (State or fore gn http) LIKG-1 N 1 A | 76 CITIZEN OF WHAT COUNTRY? | B MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 COUNTY OF DEATH Prince George's | Md |
| wet a series | | ity or town of death heverly | grye street oddress) Ge | orge's Gen. Hosp during 7 | A. OCCUPATION (Kind of work done | 126 KIND OF BUSINESS OR |
| | 13a adm | USUAL RESIDENCE (Where decedission) STATE MD | ised ived, if institution Residence before 13b COUNTY Prince George | Fre 13c CITY OR TOWN 13d INSIDE CTY. | | , |
| be eve | 14 | ATHER S NAME FIRST | Middle Los | | | last |
| th certificate be execution on congression on congression on congression on the remove removel, and in ony every | lóa | WAS DECEASED EVER IN L.S. AR es, na, ar unknown) (If yes give | MED FORCES? war or dates at service) 16b. SOCIAL SECUR | mind 1 1 1/1 | LUAMS BURTURE | 6 YEAMA |
| that the death can. by the ottending transit permit Th | | PART DEATH WAS CAUSE | DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE | ordin Infordin - Co | Disease | APPROXIMATE THERVA. BETWEEN ONSET AND DEATH SAME |
| HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospitol or ottending physician. FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detoched for use as the burial-tran should be filed with the State Dept. of Health prior to burial, cre | HOIL | PART 2 OTHER SIGNIFICANT CO | (c) NOTIONS CONTRIBUTING TO DEATH BJ Attractor by M CONDITION FOR WHICH OPERATION WAS | T NOT RELATED TO THE TERMINAL DISEASE OR OCCURS IN MELLIN PERFORMED 200 AUTOPSY? | CONDITION GIVEN IN PART 1(0) | ONKINEDED, IN CEDITIVING |
| r. The lar otter e hos use as | CERTIFICATION | 21a ACCIDENT WAS UNDERCYI | | YES NO | CAUSES OF DEATH? | |
| YSICIAN: The ospitol or otter certificate hos hed for use a out. of Health pr. | MEDICAL (| OR CONTRIBUTING CAUSE OF DEA | HOUR A.M Manth Doy Yorner) P.M. | 90T 19 | r nature of injury in Port 1 or Port 2, | Item 18.) |
| DING PHY: 1 by the ho After this co 1 be detoch 5 state Dept | 2 | While Not white at work | COLUMN BUILDING ELC | FACTORY) 21f LOCATION Street or R.F.D. No. | City or Tawn | County State |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to | | saw the deceased couses stated above | ns hospital) attended the dece valve an | 196 and that in (my) (our) on | 9_, ta_6, 19_ mion death occurred an the da | 69, that (I) (we) last te and hour and from the |
| TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should s, should be filed with the | | 22d PHYS CIAN S | C. Edun | | RECTOR PHYS 22c | DATE SIGNED 6-2-69 |
| SPITA 4 may NERAL Itor, po | | NAME (Type) DONA | | 22e ADDRESS 6 2-0 | flege Park my | |
| TO HC Poge TO FU direc | 230 | REMOVAL (Specify) 5 | JUNE 1969 WASH | OF CEMETERY OR CREMATORY INSTANTAL | SUITLAND, | (County) (State) |
| VR AT VAN | PA | FUMERA DIRECTOR/ | Us Co. Riverda | ELE MA, ISON RECED B | 6 1969 REGISTRAR S | S.GNATURE |



| | • / | 1 | | | | | | | ENT OF HEAI | | | | | |
|----|--|---------------|---|--------------------|--|--|--------------------|-----------------------------|-------------------------------|---|---------------------------|-------------------|-----------------------------------|-----------------------------|
| | 10 | | 08926 | | DIVISION O | F VITAL RECORD | | RESTON STR | | RE, MARY | LAND 212 | 201 | 089 | 18 |
| | 4 -24 | | ECEASED-NAME | First | | M ddie | | Lost | 20 | . DATE OF DE | | | | 2b. HOUR |
| | er death. funeral s 1 and 2 ter death | Ľ | Type or print) | Ame. | lia | S.T. | Wi | ndmille | r | ن | une Month | 1 ^D OY | 1969 | 7:30P |
| | by the fun | 3 5 | EX | | 4 RACE | | | 5. DATE OF BIR | RTH | 6 | AGE (In yeo | 15 | | IF UNDER 24 HRS |
| | s of the rs al | L | Female | | 1 | White_ | | 06-0 | 2-86 | | last birthday) | YRS. | MONTHS DAYS | HOURS MIN |
| | | 70 con | BIRTHPLACE (State or foreigntry) | gn 7 | | WHAT COUNTRY? | 8 MARRIED | NEVER MARE | R:ED | DUNTY OF DE | ATH | | | |
| | 24 h | | New York | | U.S. | | WIDOWED | | Œ □ P | rince | Georg | e's | | Md |
| | within 24 ely filled ban page within 7 | | Cheverly | | giy H | NAME OF HOSPITAL OR e street oddress) Prince Geo | rge's G | not in hospitol Sen. Hos | during most of Hou: | CJPATION (K working life sewit | nd of work even if ret | done (red.) | 126 KIND OF BI INDUSTRY OWD | JSINESS OR |
| | be executed within 24 haurs after death and completely filled in by the funeral e terrove carban papers. Rages I and I in any event, within 72 paurs after death | 13o odm | USUAL RESIDENCE (Where ission) STATE | deceosed MD | lived, funstiti 13b. COUNTY Prince | et on Residence befor | e 13c CITY O | | 3d. INSIDE CITY EMITS? YES NO | 13e STREE | T AND NUMB | BER | ring La | |
| | PER POLICE | 14 | FATHER S NAME First | | Middle | Lost |]1 | S MOTHER'S MA | IDEN NAME First | | Mid | | | Lost |
| | | L | Alber | | | Sch | ilgn | | Agne | S | | R | osenow | |
| | The law requires that the death certificate attending physician. has been signed by the attending physicial has been signed by the attending physicial se as the burial-transit permit. Then pleas the priat to burial, crematian, or remayal, and | 160 | WAS DECEASED EVER IN U | S ARME | or dates of service) | 16b SOCIAL SECURIT | | INFORMANT | | | Addi | | | |
| | phy en j | | no | | | 147 22 | 6844 | Joseph | A. Lope: | z Sa | ame as | 3 #1 | | |
| | that the death certifian. by the attending phy transit permit. Then cremation, or remova | | 18 CAUSE OF DEATH (EI PART I. DEATH WAS | nter only | one cause per | ne for (o), (b), and (| c)} | | | | | | APPROXIMA BETWEEN DNS | TE INTERVAL ET AND DEATH |
| | leaf mit. | | 1/2 10 | MMEDIATE | CAUSE (o) | Massive r | ight ce | rebral | hemorrha | ge | | | | |
| | he c | | 4319 | | DUE TO, OR | AS A CONSEQUENCE C | F | | | | | | | |
| | at the user that | | Conditions, if any, which rise to immediate cous | gove) e (o), (| | Broncho | | mia | | | | | | |
| 0 | s th tian tian by tra | L | stoting the underlying i | couse | · | AS A CONSEQUENCE O | ıF. | | | | | | | |
| m | equires that the physician. Signed by the calgored by the calculations. Purion proportion, cremation burial, cremation. | | PART 2 OTHER SIGNIFICA | NT COND | () | UTULO TO DEATH BUT | NOT DE AZED T | O TOP TERMINE | DISTAST OR COUNT | CAL CHIEFT IS | D&D7 1/ 3 | | | |
| 13 | req 19 p | | . Office Storyles | MI COND | IIIONS CONTRID | DOTATO TO DEATH BUT | HOT KELATED T | U THE TERMINAL | DISEASE OF COMDIT | ION GIVEN IF | PAKI 1(0) | | | |
| 41 | F. The law requires the ar attending physician. The has been signed by use as the burial-trainal priar to burial, cre | CERTIFICATION | 190 DATE OF OPERATION | 19b (C | NDITION FOR W | /HICH OPERATION WAS I | PERFORMED | 20o AUTOP | SY? | 20b. (F YE | WERE FIND | INGS COL | NSIDERED IN CER | TIFYING |
| | afte afte has hard | TE S | | | | | | YES DO | NO 🗆 | CAUSES OF | | 105 | | |
| | # b # c le | | 210 ACCIDENT WAS UND | | 216. TIME I | | 21c H | OW INJURY OCCL | JRRED (Enter notus | re of injury is | Port I or P | ort 2, Ite | em 18) | |
| | d far affice of H | MEDICAL | DR CONTRIBUTING CAUSE | | HOUR AM | | 19 | | | | | | | |
| | PH ve h his effect effect of the perfect of the per | PA. | 21d INJURY OCCURRED While hot while of work | | ACE OF INJURY | (AT HOME FARM, STREET, I DEFICE BUILDING, ETC | | PeartZ MOITACO | or R.F.D. No. | City or | Town | | County | State |
| | ATTENDING etained by the CTOR: After I shauld be d outh the State | | 22a. I certify that (| l) (this | haspit <mark>al)</mark> gt | tended the decea | sed fram | Sent | 15,196B | , ta Gr | W17 | , 19 4 | 9_, that (| l) (wee) last |
| | R. A. | | saw the deceas | sed aliv | e an S |) (did not) view the | 19 <i>67_</i> , an | d th at in (my |) (our) apınian | death occ | urred an tl | he date | e and haur ar | id from the |
| | R ATTENT retained ECTOR: A 3 shauld with the | | 22b SIGNATURE | Jyuve, | (1) (946) (010 |) (ara nor) view ith | s budy uner | 21D | | | | 22c DA | NTE SIGNED | |
| | OR OR See Fee 3 ed w | | cho | 7/ | rekl | Raz | er Joegi | REE PHYS | MED DIRECTO | S | TAFF | 0 | | 1965 |
| | Al Dog b | | 22d. PHYSICIAN'S | 1 | | | ALL BUT | 22e ADDR | | 71 | 1113 [| 100 | 7(/ - (| / |
| -1 | SPIT 4 mil ERA or, F d be | | NAME (Type) Le | onar | d P. Ap | opel, M.D. | | 3231 | Superio | r Lane | Во | wie, | MD | |
| (| ro Hospital or Page 4 may be r O Funeral Director, page 3 shauid be filed v shauid be filed v | 23o | BUR AL, (REMATION, | 23b DA | | | F CEMETERY OR | | 23d | LOCATION (| (Ity or Town) | } | (County) | (Stote) |
| 0 | 5 ₅ 5 _{≙ 2} | | REMOVAL (Specify) Burial | 6/2 | 0/69 | | | Cemeter | | ack | | klan | | X |
| | VR A15 (4) 45M 1 69 | 24. | FUNERAL DIRECTOR | asch | 's Sons | ADDRES Hyattsv | ille. M | ld. | 25o. REC D BY REG | | 25b. REGIST | | | |
| | 45M 1 69 | | Α . | ~~ K.7 W I I | A WELL | 11/0000 | , | | DATE UN 2 | 0 1969 | 1/00 | MARK | By Cerryly | الله الله |



| | | 1 | | | | DEPARTMENT OF | | |
|---|--|-----------------|--|---|------------------------|--------------------------------------|--|---|
| | 1. | | 08927 | DIVISION OF VITAL RECO | | PRESTON STREET, BAL CATE OF DEATH | TIMORE, MARYLAND 21201 | 08919 |
| | .> ~ | 1 D | ECEASED NAME First | Middle | | lost | A DATE OF DEITH | |
| | a p g g | | vne or nnnt) | - | | | 20 DATE OF DEATH Month June 18 | 2b. HOUR |
| | A MICE | 3 5 | Aubr | ey Julia | <u>at</u> | Windsor S. DATE OF B.RTH | | 1969 3:161 |
| | the transfer of the results of the r | , | | White | | 01-06-92 | | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN |
| | by the Page ours | 70 | Male BIRTHPLACE (State or foreign 7 | b. (ITIZEN OF WHAT COUNTRY? | 0 | | 77 YRS. | |
| | hiii b rs. rho | CDU | Maryland | | | NEVER MARRIED | 9 COUNTY OF DEATH | |
| | filled in papers. | 10 | OTY OR TOWN OF DEATH | U. S. A. | WIDOWE | | Prince George's | Md |
| | _ 4- 4 | | | give street oddress) | _ | Con Hospital 120 05. | JAL OCCUPATION (Kind of work done | 12b KIND OF BUS NESS OR |
| | ed within pletely firenship corbon ent, with | 13 _D | US.A. RESIDENCE (Where deceased | lived, if institution Residence | before Mitc | R TOWN 130 NSIDE CTY | LIM 152 13e STREET AND NUMBER BO | |
| (| executed will a comprehency corpor corpor corpor only event, will a corpor corpor only event, will a corpor | odm | assion) STATE (MD | Prince George | LIT OC | | | k Road, |
| ' | ond came | ,4 | ATHER S NAME First | Middle | | 15 MOTHER'S MAIDEN NAME | First M date | Cheliville- |
| | be exp | | John | Albert Wi | ndsor | | Mary Violet | Garner |
| | physician con please ovol, and in | 160 | WAS DECEASED EVER IN U.S. ARME | D FORCES? 16b SOC A. SE | CUR TY NO 17 | INFORMANT | Box Munl | Mt. Oak |
| | ohys sh p svol, | N | es, na, or unknown) (If yes give war | Or Octobs the add action) | | James A. Wi | ndsor-Rd., Mitch | aellville,Md |
| | he death ce attending p permit. The | | 18. CAUSE OF DEATH (Enter anly | one cause per line far (o), (b) | ond (c) ₂) | 1 +1) | 0 | APPROX MATE INTERVAL BETWEEN ONSET AND DEATH |
| | eaff andi nit. | | PART I. DEATH WAS CAUSED | BY. CAUSE (a) C' Q | elera | l Claro | ul roles | |
| | atte atte an, | | 4337 | DUE TO, OR AS A CONSEQUE | NCE OF | | | |
| | the the sit | | Canditians, if any, which gave a rise to immediate couse (a). | (b) | | | | |
| | that the on. by the ransit p | | stating the underlying couse | DUE TO, OR AS A CONSEQUE | NCE OF | 1 m 00 | 0.00 | |
| 0 | equires that the physicion. Signed by the buriol-transit burial, crema | | last. | (a) CO | eon | u and | new cerror | 45 |
| 3 | The aw requires that the death certificate be attending physicion. has been signed by the attending physician or se as the buriol-transit permit. Then please in the prior to burial, crematian, or removol, and in | | PART 2. OTHER SIGNIFICANT/COND | TIONS CONTRIBUTING TO DEATH | BUT NOT RELATED | O THE TERMINAL DISEASE OR | COND TION GIVEN IN PART I(D) | |
| 3 | The aw ratending hos been se as the horor to | 용 | | rucero | Jan Co | uno | ma | |
| N | os bas price | CERTIFICATION | 190 DATE OF OPERATION 195, CC | INDITION FOR WHICH OPERATION | WAS PERFORMED | 20a. AUTOPSY? | 20b. IF YES WERE FINDINGS CO CAUSES OF DEATH? | NSIDERED IN CERTIFYING |
| | | ERT | 21b ACCIDENT WAS UNDERLYING | AND THE OF INVEST | | AEZ NO | | |
| | ICIAN: The aw repital or attending trifficate hos been do for use as the of Health prior to | | OR CONTRIBUTING CAUSE OF DEATH | 21b. TIME OF INJURY HOUR A.M. Month Day | Year 21c 1 | OW INJURY OCCURRED (Ent | ar nature of injury in Port 1 or Port 2, Its | em 18.) |
| | PHYSICIA : hospital is certific tached fo | MEDICAL | (If either, notify medical examiner 21a, INJURY OCCURRED 21e, P. | P M | 19 | Activity Co. | | |
| | TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 moy be refoined by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for unstanding be filed with the Stote Dept of Healt | _ | While Not while | ACE OF INJURY (AT HOME, FARM, S OFFICE BUILDING, | ELC SECTORS 1 214' | OCATION Street or R F.D. No | City or Town | County State |
| | by the free the free the free the free the free free free free free free free fr | | 22n certify that (1) (this | hasnital Nattended the d | erensed from S | reno 15-101 | 29 to The 9/8-10/ | S, that (I) (we) last |
| | ATTENDING etoined by th CTOR: After i should be d iith the Stote | | saw the deceased aliv | e an file E | 1962,6 | d that in (my) (our) op | S, to 9/4-19 6 | and haur and from the |
| | ATTE etoine CTOR: shoul | | couses stated andive, | (I) (we) (did) (did not) vie | w the bady after | death. | | |
| | N. OR ATTENI y be retoined L DIRECTOR: A age 3 should filled with the | | 22b. SIGNATURE | 2 (1) | _ | ATTENDING (70) | MED STAFF 20 07 | TE SIGNED 19 |
| | LOR bergen | | 201 DENVEROLANTS | 30000 | CO DEC | KEE PHYS | MED STAFF DIRECTOR PHYS DI | 1/1/20 |
| | RAL RAL Per | | 22d PHYSICIANS NAME(Type) Don B. | Cameron, M | . D. | 22e ADDRESS 350 | Rainier, Mary | and: |
| | OSF e 4 UNE ctor uld | 220 | BURIA, CREMATION 23b DA | | ME OF CEMETERY OF | | | |
| | TO HOSPITAL OI Page 4 moy be TO FUNERAL DIR director, page | zJU. | EMOYA (Spenty) | 23 /69 Ep | inhany | Cometerv | 23d LOCAT ON (C ty or Town) Forestville P: | (County) (Store) |
| | | 24 | FUNERAL DIRECTOR | Al | DDRESS | 250 RECD | BY REGISTRAR 25b REGISTRARS S | |
| | VR A11 (4) 45M (769 | | Funeral director Ritchie Bros | Upper Marl | boro, Md | .20870 tare | | |



| | 08928 | DIVISION OF | VITAL RECORDS, | 301 W. P | DEPARTMENT RESTON STREET OF D | ET, BALTIMOR | RE, MARYLAND 21: | 201 | 10 | 425 |
|---------------|---|---|---|---------------------------------|------------------------------------|-------------------------------------|--|--------------------|----------------------|---|
| 1 | DECEASED NAME First (Type or print) | Baby | Middle Male | | iosi Lttgarte | 2a. | DATE OF DEATH June | 2 Pay | 1969 | 2b HOUR 10:30PM |
| 3 | SEX | 4. RACE | Harc | | S DATE OF BIRTH | | 6 AGE (In year | ors | IF UNDER 1 YEAR | IF JNDER 24 HRS |
| L | Male | Whi | | | | 3, 1969 | last bithday | YRS | MONTHS DAYS | hours Min 2 49 |
| (0 | BIRTHPLACE (Stote or foreign suntry) MD | 76. CITIZEN OF WI | AT COUNTRY? | 8 MARRIED WIDOWED | NEVER MARRIE | | UNTY OF DEATH | | | |
| 10 | CITY OR TOWN OF DEATH Cheverly | 11 N | AME OF HOSPITAL OR INS street oddress) ince Georg | TITUT ON (IF r | at in hospital | 12o. USUAL OCC | ince Georgi UPATION (Kind of work working life, even if re | done | 125 KIND O | F BUSINESS OR |
| . 3 ad | o USUAL RESIDENCE (Where deceo- imission) STATE MD | ed lived, f institut | an Residence before | 13c CITY OR | TOWN 13d | NSIDE CITY LIMITS? | 13e STREET AND NUM 9323 Well | | on St. | |
| 14 | . FATHER'S NAME First | Middle | Lost | | MOTHER'S MAID | | | ddle | | Last |
| 14 | Daniel | The Control | Wittgarte | | | ances | Arli | | | Croonan |
| 10 | g. WAS DECEASED EVER IN U.S. ARA Yes, ng or unknown) (If yes give in | ter or dates of service) | 166. SOCIAL SECURITY N | 0 17 | NFORMANT | | Add | ress | | |
| NU | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CON | (b) | | T RELATED TO | | | ON GIVEN IN PART I(a) | 14. | | |
| CFRTIFICATION | 19a. DATE OF OPERATION 19b. | | ICH OPERATION WAS PER | | 200 AUTOPSY | NO 🗌 | 20b IF YES, WERE FINE CAUSES OF DEATH? | | | ERTIFYING |
| MEDICAL C | OR COMTRIBUTING CAUSE OF DEAT | HOUR A.M. | Manth Day Year | | | | e af injury in Part 1 or I | Part 2, Ite | em 18.) | |
| Ŋ | While Not while at work | | AT HOME FARM STREET, FACT OFFICE BUILDING ETC | | | | City or Tawn | | County | State |
| | 22a I certify that (I) (the saw the deceased a couses stated obave | s haspital) atte ive on (t) (vve) (did) | nded the decease 19 (did not) view the b | from 1 67, and advaster o | ース3 - d that in (my) (leath | , 19 <u>69</u> , (our) apinian (| ta <u>6 – 2 4</u> deoth occurred an t | _, 19_6 he dote | A , that and hour | t (I) (we) last ond from the |
| | 220 PHYS CIAN'S | Cla | war ! | MDRGR | 41112 | MED DIRECTOR | R STAFF | 22c D/ | ITE SIGNED | |
| | ALAGAE (Torona) | ck A. Rea | ardon, M.D. | | 22e ADDRESS 9430 | | Severn Road | -Sea | brook, | , Md. |
| L | /// | 11-69 | | metery or deorge | CREMATORY S Gener | | LOCALON (City or Town |)] | (Cornell) | (Mar) |
| 24 | FUNDAY DIRECTOR Harry W - Penn | Jr. Adm | ADDRÉSS |) | 250 | JUCO BY REGIS | 1969 25b. REGIS | JRAR S S | GNATURE | gre. |



成地的大田 Mark was linked Little MCLET pays and the second seco STA THEN IN RECEIVED NOTE INCOME. THE TANK THAT CHARGE CLARKED The second of the second of the second of the second MANUAL SERVICE SERVICE

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